

# Surgical Care WEST, PLLC

GENERAL SURGERY • VASCULAR SURGERY • LAPAROSCOPIC SURGERY • BREAST CARE

## UPSTATE UNIVERSITY HOSPITAL AT COMMUNITY GENERAL

POB North, Suite 4U  
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## MEDICAL CENTER WEST

Suite 201-North  
5700 West Genesee Street  
Camillus, NY 13031  
Phone: (315) 488-5588  
Fax: (315) 488-2489

### Are you a candidate for varicose vein screening?

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

1. Have you ever had varicose veins?  Yes  No
2. Please select any of the following symptoms you experience:  
 Leg pain, aching or cramping  Varicose veins  
 Burning or itching of the skin  Skin discoloration or texture changes  
 Leg or ankle swelling, especially at end of day  Open wounds or sores  
 "Heavy" feeling in legs  Restless Legs
3. Has anyone in your family ever had varicose veins or been diagnosed with chronic venous insufficiency or venous reflux?  yes  no
4. Have you had any treatments for vein problems?  yes  no
5. Do you stand for long periods of time?  yes  no
6. Do you frequently perform heavy lifting?  yes  no
7. Have you ever been pregnant?  yes  no

If you answered yes to any of the above, you may be a candidate for vein screening. If we determine you are a candidate, please allow 1-2 weeks for us to contact you or call Surgical Care WEST at (315) 488-5588

Contact me:  yes  no Phone Number: \_\_\_\_\_  
eMail: \_\_\_\_\_

**Thank you for your participation.**

Ovid O. Neulander, M.D.