



Post EVLT Follow Up

Limb Treated <input type="checkbox"/> Right <input type="checkbox"/> Left	Patient # □□ - □□
Patient Initials □□□	Date Month: □□ / Day: □□ / Year: □□

(To the interviewer): Explain to the patient that this is a self-examination of the treated limb for the purpose of detecting any conditions which might not have been apparent at the previous office visit.

- (To the patient):** "Perform a visual inspection of the inner portion of the treated limb, from the area of the groin to just below the knee. Also, with the fingers of one hand, gently press along the same regions of the treated limb. Please note either the absence or presence of any of the following conditions. If present, please describe their general location - groin/upper thigh, mid thigh, or lower thigh/knee, and the approximate size of the area affected".

(For the interviewer: place check marks in the appropriate boxes)

	Absent	IF PRESENT			
		Groin/upper thigh	Mid thigh	Lower thigh/knee	Approximate size of affected area
Pain					
Tenderness					
Hardness					
Numbness					
Tingling/burning					
Blister					

2. (To the patient):

A. "Are you experiencing any physical limitations as a result of any of the conditions you have identified?"

- None Yes - minor Yes - a moderate amount Yes - a significant amount

B. "Would you recommend the procedure to a friend with similar leg vein problems?"

- Yes No Not sure

Interview conducted by: _____
Signature

Month	Day	Year
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Signature Date

Physician Signature

Month	Day	Year
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Signature Date