

Please tell us about yourself

LEG SYMPTOMS AND HISTORY

CHECK ALL THAT APPLY

Swelling, Heaviness or Fullness

Are you having any of the following:

- Leg/foot swelling
- Leg/foot heaviness
- Shoes not fitting the same
- Pants not fitting the same
- Socks or stockings leave indentations
- Heaviness or fullness in abdomen/hips/back/butt/groin

If you checked any box above:

- Does elevating your legs help? Yes No
- Have you used a pneumatic compression pump? Yes No
- Have you used compression garments/socks? Yes No

Sensation and Movement

Are you having any of the following:

- Leg/foot aching
- Limited foot/leg movement
- Numbness/tingling in leg/foot
- Pain or sensitivity

Skin

Are you having (or had) any of the following:

- Skin discoloration or blotches
- Dry, flaky skin
- Thick or hardened skin
- Feels tight or itchy
- Bumps on skin of leg/foot
- Wounds on leg/foot
- Cellulitis or skin infection
- Seeping/weeping of fluid from legs
- Bruise easily

History

Have you had any of the following:

- Family members or relatives with similar conditions/symptoms?
- Treatment for any form of cancer?
- Treatment for a blood clot or any vascular condition?
- Major surgeries or trauma (accident)?

Please tell us anything else we should know about your leg condition or symptoms:



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AND EFFECTIVE TREATMENT SOLUTIONS, VISIT
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