NAME:

		LEFT							RIGHT					
	Initial	Pre-Op	3-4	3-4	3-4	1 Year		Initial	Pre-Op	3-4	3-4	3-4	1 Year	
DATE			Days	Weeks	Months		-			Days	Weeks	Months		
DATE:							1							
CEAP (0-6)														
OLAI (0-0)														
Fatigue: (Y/N)							1							
3 ()														
VCSS (0-3 Each)														
Pain														
Varicose Vein														
Venous Edema														
Pigmentation														
Inflammation														
Induration														
Active Ulcers														
Ulceration Duration														
Active Ulcer Size														
Compressive Therapy														
Total														
Complications: Blank (none) to 3 (severe)														
Hyperpigmentation							1							
Phlebitis														
Paresthesia														
Erythema														
Ecchymosis														
Infection														
Thermal Injury														
Other														
Patient Satisfaction: (None/Partly/Very)														
Varicose Veins:(None/ Residual/New/Recur)														
Outcome:(Not successful/ Successful/N/A)														