

Venous Insufficiency Worksheet Abdomen

Patient name: _____ Date: _____

DOB: _____ Symptoms: _____

RIGHT

C _____

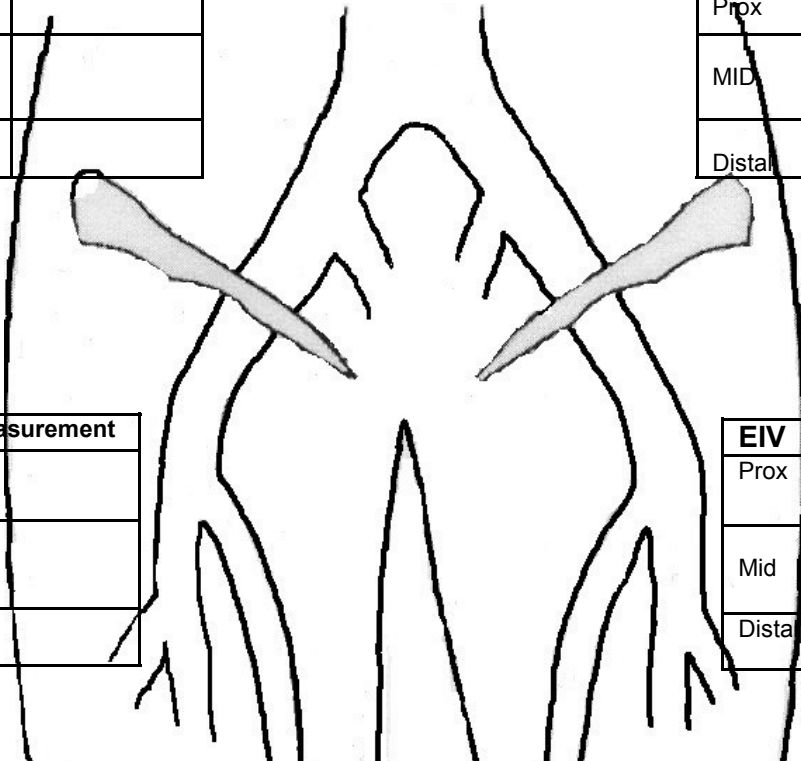
IVC	Reflux	Measurement
PROX		
MID		
DISTAL		

LEFT

C _____

CIV	Reflux	Measurement
Prox		
MID		
Distal		

CIV	Reflux	Measurement
Prox		
MID		
Distal		



EIV	Reflux	Measurement
Prox		
Mid		
Distal		

EIV	Reflux	Measurement
Prox		
Mid		
Distal		

IIV	RT	LT
Patent		
Non Vz		
Measurement		

CEAP:

C0: no visible or palpable signs of venous disease. C1: telangiectasies or reticular veins. C2: varicose veins. C3: edema.

C4a: pigmentation and eczema. C4b: lipodermatosclerosis and atrophie blanche. C5: healed venous ulcer. C6: active venous ulcer