

Venous Insufficiency Worksheet

Patient name: _____ Date: _____

DOB: _____ Symptoms: _____

RIGHT

C _____

GSV	Reflux	Measurement
SFJ		
MID THIGH		
KNEE		
MID CALF		

Variants	Reflux	Measurement
AAGSV		
PAGSV		
SAGSV		

SSV	Reflux	Measurement
TE		
SPJ		Location:
MID CALF		

Deep	Reflux
CFV	
FV	
POP	
Calf	

LEFT

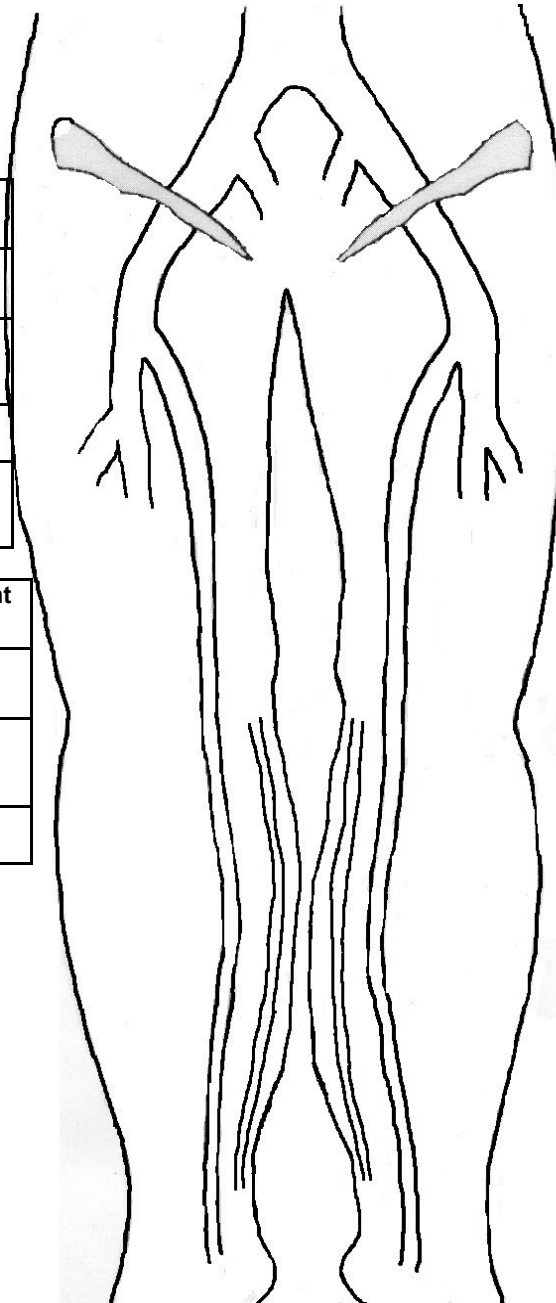
C _____

GSV	Reflux	Measurement
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Deep	Reflux
CFV	
FV	
POP	
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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