



**FREE SCREENING VISIT**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Email address: \_\_\_\_\_

Which office are you being seen in?     Sandy Springs     Camp Creek     Lawrenceville

Reason for Visit: (check all that apply)

\_\_\_\_\_ spider veins                  \_\_\_\_\_ varicose veins                  \_\_\_\_\_ facial veins  
\_\_\_\_\_ leg heaviness/fatigue    \_\_\_\_\_ leg swelling                  \_\_\_\_\_ aching/painful legs

Other: \_\_\_\_\_

Previous Vein History: \_\_\_\_\_

**How did you hear About Us?**

Please circle **all** that apply

**TELEVISION**

**INTERNET**

**RADIO**

- |                  |                        |                         |
|------------------|------------------------|-------------------------|
| WSB-TV Channel 2 | Web Search Engine      | News 95.5 FM/ 750AM WSB |
|                  | Web Banner Ads         | B98 -98.5 FM            |
|                  | Facebook               |                         |
|                  | Facebook Questionnaire |                         |

**OTHER:** \_\_\_\_\_

Were you referred by a Doctor? If yes, who?  
\_\_\_\_\_

Were you referred by a friend or former patient? If yes, who?  
\_\_\_\_\_