

Varicose Vein Surgery Post-Operative Follow-up Form

Patient Information

Name

Date of Birth

Contact

Surgery Details

Date of Surgery

Type of Surgery

Operated Leg

Symptoms

- ☐ Pain
- ☐ Swelling
- ☐ Redness
- ☐ Numbness
- ☐ Wound Discharge
- ☐ Signs of Infection

Wound Assessment

Wound Healing

Remarks

Doppler/Imaging Result

Result

Medications

List

Next Follow-up

Date

Notes

Additional Notes