

Please complete and bring this form to your doctor.

Are you or a loved one AT RISK for DVT blood clots? Complete our Risk Assessment Tool to find out.

NAME _____ TODAY'S DATE _____

Only your doctor can decide whether you're at risk for Deep Vein Thrombosis (DVT), blood clots that can form in the deep veins of your legs. But, there are certain things that can put you at a higher risk for them. Take a moment to complete this form for yourself (or complete it for someone you love). Then, be sure to talk with your doctor about your risk for DVT and what you can do to help to protect against it. Your doctor may want to keep a copy in your file for future reference.

- How to complete this risk assessment tool:
1. Check all the statements that apply to you.
 2. Enter the number of points shown for each of your checked statements in the space at right.
 3. Add up all your points to reach your total DVT Risk Score. Then, share your completed form with your doctor.

Add 5 points for each of the following statements that apply:

- Recent elective hip or knee joint replacement surgery _____
- Broken hip, pelvis, or leg within the last month _____
- Serious trauma within the last month (for example, a fall, broken bone, or car accident) _____
- Spinal cord injury resulting in paralysis within the last month _____

Add 3 points for each of the following statements that apply:

- Age 75 or over _____
- History of blood clots, either Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE) _____
- Family history of blood clots (thrombosis) _____
- Family history of blood-clotting disorders _____

Add 2 points for each of the following statements that apply:

- Age 60–74 years _____
- Cancer (current or previous) _____
- Recently had major surgery that lasted longer than 45 minutes _____
- Recent laparoscopic surgery that lasted longer than 45 minutes (surgery performed through a small incision with a lighted, tube-shaped instrument) _____
- Recently confined to bed rest for more than 72 hours _____
- Plaster cast that has kept you from moving your limb within the last month _____
- Tube in blood vessel in neck or chest that delivers blood or medicine directly to heart (also called central venous access) _____

For women only: Add 1 point for each of the following statements that apply:

- Use of birth control or Hormone Replacement Therapy (HRT) _____
- Pregnant or had a baby within the last month _____

Add 1 point for each of the following statements that apply:

- Age 41–60 years _____
- Planning minor surgery in the near future _____
- Had major surgery within the last month _____
- Varicose veins _____
- A history of Inflammatory Bowel Disease (IBD) (for example, Crohn's disease or ulcerative colitis) _____
- Legs are currently swollen _____
- Overweight or obese _____
- Heart attack _____
- Congestive Heart Failure _____
- Serious infection (for example, pneumonia) _____
- Lung disease (for example, emphysema or COPD) _____
- Currently on bed rest or restricted mobility _____

Add up all your points to get your total DVT Risk Score _____

What does your DVT Risk Score mean?
Only your doctor can determine your risk.

Low Risk 0-1	What you should do about it: Although you may not be at risk right now, it's a good idea to reassess your risk for DVT at regularly scheduled doctor visits or annual exams.
Moderate Risk 2	What you should do about it: Share your answers to this survey with your doctor at your next scheduled appointment so that he or she may assess your risk.
High Risk 3+	What you should do about it: Your increased risk requires you to share your answers with your doctor so that he or she may assess your risk.

TALK TO YOUR DOCTOR
about DVT today. It's the first step toward protecting against it.