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DEEP VEIN THROMBOSIS (DVT) RISK ASSESSMENT

Please answer the following questions so we can best determine if you may be at risk for Deep Vein Thrombosis.

YES NO

- Are you 60 years of age or older? (Y=2 N=1)
- Do you have a history of blood clots, blood disorders or pulmonary embolus? (3)
- Do you have a history of leg swelling, leg ulcers, or varicose veins? (1)
- Are you having lower extremity surgery? (5)
- Do you have inflammatory bowel disease? (Crohn's Disease, Colitis) (1)
- Are you taking birth control or on hormone replacement therapy? (1)
- Do you have a port-a-cath or central line in place? (1)
- Are you overweight? (slightly, moderately, extremely) (1)
- Have you had a recent trauma? (Fall, car accident, broken bones or spinal cord injury) (5)

YES NO

- Are you immobile? (Move less than 100ft 3 times a day) (2)
- Do you have a history of a heart attack, congestive heart failure or atrial fib? (3)
- Have you had cancer/chemo? (past/present) (3)
- Are you currently pregnant or postpartum less than 1 month? (1)
- Do you have a history of a stroke, paralysis, and/or MS? (5)
- Do you have a bleeding or clotting disorder? (3)
- Are you a smoker, have lung disease or recent pneumonia? (2)
- Do you have a splint/cast that prevents limb movement and have been wearing it for more than 30 days? (1)

Patient Signature

Date

OFFICE USE ONLY

- Major Surgery, longer than 1 hour? (Y=2, N=1)

TOTAL DVT RISK FACTOR SCORE: _____

- | | | |
|---|---------------------------|---|
| <input type="checkbox"/> LOW RISK: 0-1 | (Risk Proximal DVT 0.4%) | Recommended: Early ambulation 3 x daily > 100ft |
| <input type="checkbox"/> MOD RISK: 2 | (Risk Proximal DVT 2-4%) | Recommended: SCD |
| <input type="checkbox"/> HIGH RISK: 3-4 | (Risk Proximal DVT 4-8%) | Recommended: SCD |
| <input type="checkbox"/> VERY HIGH RISK: 5+ | (Risk Proximal DVT 9-20%) | Recommended: SCD |

FALL RISK ASSESSMENT

RISK FACTORS:

	<u>LEVEL</u>	<u>SCORE</u>
Recent falls (within the past 3 months)	Low	2
Frequent falls (3 or more)	Moderate	4
Visually impaired, hx of stroke	Moderate	4
Uses cane or crutches	Moderate	4
Uses a walker or wheelchair	Moderate	4
Hx of inability to stand alone, unsteady gait	Severe	8
(Antihistamines, antihypertensives, diuretics)	1-2 medicatic	2
(Antiseizure medication, sedatives, hypnotics)	1-2 medicatic	4

(Low Risk= 0-4 Mod Risk=5-8 High Risk=9+)

TOTAL SCORE: _____ **PT RISK:** _____

FALL RISK BRACELET PLACED ON PATIENT

YES

NO