

Reno Vein Clinic

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VEIN QUESTIONNAIRE

PATIENT NAME: _____ DATE: _____

AGE: _____ SEX: M / F HEIGHT: FT ___ Inches ___ WEIGHT: _____

Only your doctor can determine if you are at risk for Deep Vein Thrombosis (DVT), a blood clot that forms in one of the deep veins of your legs. A review of your personal history and current health may determine if you are at risk for developing this condition. Take a moment to complete this form.

DIRECTIONS:

- 1. Check all statements that apply to you.**
- 2. Enter the number of points for each of your checked statements in the space at right.**
- 3. Add up all points to reach your total DVT Risk Score.**

Add 1 point for each of the following statements that apply now or within the past month:

- Age 41 – 60 years _____
- Minor surgery (less than 45 minutes) is planned _____
- Past major surgery (more than 45 minutes) within the last month _____
- Visible varicose veins _____
- A history of Inflammatory Bowel Disease (IBD) (for example, Crohn's disease or ulcerative colitis) _____
- Swollen legs (current) _____
- Overweight or obese (Body Mass Index above 25) _____
- Heart attack _____
- Congestive heart failure _____
- Serious infection (for example, pneumonia) _____
- Lung disease (for example, emphysema or COPD) _____
- On bed rest or restricted mobility, including a removable leg brace for less than 72 hours _____
- Other risk factors (1 point each: smoking, diabetes requiring insulin, chemotherapy, blood transfusions, length or surgery over 2 hours) _____

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

- Current use of birth control or Hormone Replacement Therapy (HRT) _____
- Pregnant or had a baby within the last month _____
- History of unexplained stillborn infant, recurrent spontaneous abortion, premature birth with toxemia or growth restricted infant. _____

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

- Age 61 – 74 _____
- Current or past malignancies (excluding skin cancer, but not melanoma) _____
- Planned major surgery lasting longer than 45 minutes (including laparoscopic and arthroscopic) _____
- Non-removable plaster cast or mold that has kept you from moving your leg within the last month _____
- Tube in blood vessel in neck or chest that delivers blood _____
- Confined to a bed for 72 hours or more _____

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 a Pulmonary Embolism (PE) _____
- Family history of blood clots (thrombosis) _____
- Personal or family history of positive blood test indicating an increased risk of blood clotting _____

Add 5 points for each of the following statements that apply now or within the past month:

- Elective hip or knee joint replacement surgery _____
- Broken hip, pelvis or leg _____
- Serious trauma (for example, multiple broken bones due to a fall or car accident) _____
- Spinal cord injury resulting in paralysis _____
- Experienced a stroke _____

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

- Risk scores may indicate your odds of developing a DVT during major surgery or while being hospitalized for a serious illness.

- Airplane passengers who fly more than 5 hours may also be at risk for DVT.
- If you have 0-2 risk factors, your DVT risk is small.

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Please circle your answers to the following:

- **Do you have:** Diabetes High blood pressure Heart failure
- **Have you ever smoked:** Never Now Quit
- **Do you take: Coumadin** aspirin Plavix Ticlid Pletal Aggrenox
- **I have the following symptoms in my legs:** aching throbbing itching swelling
heaviness fatigue burning calf cramping at night leg ulcer
unsightly/(cosmetic) leg veins
- **Which leg is affected:** Left Right
- **Have you ever used compression stockings:** Yes No Refuse to wear
- **Do you have a family history of varicose veins:** Yes No Unknown

The intensity of my leg pain is best described as: none light moderate strong intense

I am limited by my discomfort: not at all slightly moderately very limited extremely

My sleeping is interrupted by my leg pain: never seldom fairly often often every night

Standing for a long period of time is : possible tolerable impossible