

Digestive Disease Specialists/Pueblo Endoscopy Suites
Venous Thromboembolism Assessment Tool (Blood Clots)

PLEASE CHECK ALL THAT APPLY:

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| <input type="checkbox"/> Age 41-60 (1pt) <input type="checkbox"/> Age 61-74 (2 pts) <input type="checkbox"/> Age 75 or older (3 pts) |
| 1 point <input type="checkbox"/> Surgery within the past month <input type="checkbox"/> Visible varicose veins <input type="checkbox"/> Current swelling of the legs <input type="checkbox"/> Overweight <input type="checkbox"/> History of inflammatory bowel disease <input type="checkbox"/> Heart attack <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> COPD <input type="checkbox"/> Bed rest more than 72 hours at a time <input type="checkbox"/> Other risk factors (chemotherapy, smoking, diabetes requiring use of insulin) |
| 2 points <input type="checkbox"/> Current or past cancer <input type="checkbox"/> Non-removable cast that kept you from moving your leg within the last month <input type="checkbox"/> Presence of PICC line or port <input type="checkbox"/> Confined to bed for 72 hours or more |
| 3 points <input type="checkbox"/> History of blood clots <input type="checkbox"/> Family history of blood clots <input type="checkbox"/> Personal or family history of positive blood testing indicating an increased risk of blood clotting |
| NOW OR WITHIN THE PAST MONTH (5 points) <input type="checkbox"/> Elective hip or knee replacement surgery <input type="checkbox"/> Broken hip, pelvis, or leg <input type="checkbox"/> Serious trauma such as multiple broken bones <input type="checkbox"/> Spinal cord injury resulting in paralysis <input type="checkbox"/> Experienced a stroke |
| FOR WOMEN ONLY (1 point) <input type="checkbox"/> Current use of birth control or hormone replacement therapy <input type="checkbox"/> Pregnant or had a baby within the past month <input type="checkbox"/> History of unexplained stillborn infant, recurrent spontaneous abortions, or growth restricted infant |

FOR OFFICE USE ONLY: Score risk level: 0-2 Low; 3-8 Medium; Greater than 8 High

 Print name

 Date of Birth

 Patient Signature

 Today's Date

 Parent or Guardian Signature