## RISK FACTORS FOR BLOOD CLOT

Please indicate any of the following situations have previously been or are currently applicable to you.

- **Surgery** – You will have this risk factor.
- **Trauma** – Have you had a major or lower-extremity injury?
- **Immobility, Paralysis** – You are / will be unable to move.
- **Cancer or Cancer Therapy** – Hormonal, Chemotherapy, Radiation
- **Relative with blood clots or bleeding problems?**
- **Venous Compression** – Tumor, hematoma, Arterial Abnormality.
- **DVT or PE** – Previous blood clot (DVT) or Pulmonary Embolism. (PE)
- **Increasing Age** – Over 50.
- **Pregnant** – Or recently delivered.
- **Birth Control Pills / Hormone Replacement Therapy**
- **Anemia, Or Iron or Erythropoiesis-Stimulating Agents**
- **Acute Medical Illness**
- **Inflammatory Bowel Disease**
- **Nephrotic Syndrome** – Kidney Disease
- **Myeloproliferative Disorders**
- **Paroxysmal Nocturnal Hemoglobinuria**
- **Obesity** – Or over Ideal Body Mass
- **Central Venous Catheterization**
- **Clotting Disorder** – Inherited or Acquired, eg: Protein C or S deficiency
- **Use of Tobacco / Nicotine products** IE: Cigarettes, Dip, SNUS, Patch, GUM

## RISK FACTORS FOR INCREASED BLEEDING

Please indicate if you have previously or currently taken the following medications or supplements:

- **COUMADIN**
- **PLAVIX**
- **HEPARIN**
- **ASPIRIN**
- **Vitamin E Supplements**
- **Fish Oil** – Omega-3's EPA/DHA supplements
- **Garlic Supplements**
- **St. John's Wort Supplement**

I have reviewed this checklist and/or discussed it with my physician and/or his nurse and it is complete and accurate to the best of my knowledge and understanding.

Patient Signature                                                                                     Date:

Or Parent / Guardian