

Sample patient form

1. Personal History of DVT or PE
2. Family History of DVT or PE
3. Malignancy: Current or Previous
4. Personal History of Recent MI or stroke (\leq 1 month)
4. Recent Major Surgery (\leq 1 month)
5. Currently on BCP, HRT, or hormonal therapy for Breast or Prostate Cancer
6. Current or recent acute inflammatory or infectious process (\leq 1 month)
7. Currently immobile (unable to ambulate in the hospital)
8. History of unexplained stillborn infant, recurrent spontaneous abortion, premature birth with preeclampsia or growth-restricted infant.
9. Swollen legs
10. Varicose Veins
11. Obesity (BMI \geq 30)
12. Age