

LOWER EXTREMITY VENOUS DOPPLER WORKSHEET

NAME: _____ DATE: _____

AGE: _____ MR# _____ DR. _____

PREGNANCY: _____ OBESITY: _____ SURGERY: _____ CHF: _____ BC PILLS: _____ ANTICOAGULANT: _____

CHIEF COMPLAINT: _____

VASCULAR HISTORY

Right Left

PAIN _____

TRAUMA _____

EDEMA _____

SKIN CHANGES _____

VARICOSE VEINS ... _____

TENDERNESS _____

DVT LEG _____ DATE _____

DOPPLER EVALUATION	PHASIC		AUGMENT	
COMMON FEMORAL	RT. _____	LT. _____	RT. _____	LT. _____
DEEP FEMORAL (formerly superficial femoral)	RT. _____	LT. _____	RT. _____	LT. _____
POPLITEAL	RT. _____	LT. _____	RT. _____	LT. _____
POSTERIOR TIBIAL	RT. _____	LT. _____	RT. _____	LT. _____
PERONEAL	RT. _____	LT. _____	RT. _____	LT. _____

+ Present - Decreased 0 Not spontaneous



OBSERVATIONS:

Sonographer: _____