

# DVT POCKET GUIDE & PATIENT CHECKLIST



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## DVT POCKET GUIDE

Presented by the Coalition to Prevent DVT  
[www.preventdvt.org](http://www.preventdvt.org)

- **KNOW** – Take the first step and know your risk
- **ASK** – Ask the simple questions to understand your risk
- **MANAGE** – Life after DVT; learn simple lifestyle changes
- **TRACK** – Take this with you on your next doctor visit

It's important to know the facts about DVT, so you can take steps to reduce your risk of this potentially fatal condition.

**Below are some factors or events that can increase your risk of DVT:**

- Congestive heart failure or respiratory
- Restricted mobility
- Cancer
- Infection
- Obesity
- Age > 40 years
- Surgery
- Varicose veins
- Prior history of VTE (DVT or PE)
- Chronic lung disease
- Inflammatory bowel disease
- Smoking

**There are proactive steps you can take that can help reduce your risk of DVT:**

- Avoiding sitting for long periods of time
- Reducing blood cholesterol levels
- Talking with your doctor about leg and calf exercises you can perform before and after surgery
- Stop smoking
- Incorporating exercises and stretching into your long-distance travel routine
- Choosing looser, less restrictive clothing
- Stay hydrated



The Coalition to Prevent Deep-Vein Thrombosis is funded by sanofi-aventis U.S. LLC

## PATIENT CHECKLIST

### MEDICAL HISTORY

Have you recently sustained a traumatic injury?

Do you have, or have you had, any of the following types of cancer?

- |                                     |                                  |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Ovarian    | <input type="checkbox"/> Liver   |
| <input type="checkbox"/> Pancreatic | <input type="checkbox"/> Stomach |
| <input type="checkbox"/> Lymphatic  | <input type="checkbox"/> Colon   |

Have you been hospitalized or immobile for long periods of time? If so, how long?

Do you suffer from any of the following conditions?

- |  |   |
|--|---|
| <input type="checkbox"/> Lupus           | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Glomerular Nephritis |

What is your body mass index (BMI)?

### FAMILY HISTORY

Have members of your immediate family experienced blood clots?

Are you aware of having an inherited clotting disorder?

### SYMPTOMS

Have you experienced any of the following symptoms?

- |  |   |
|--|---|
| <input type="checkbox"/> Unexplained shortness of breath | <input type="checkbox"/> Pain, swelling, or tenderness in the leg |
| <input type="checkbox"/> Chest pain                      | <input type="checkbox"/> Skin that is red or warm to the touch    |
| <input type="checkbox"/> Rapid heartbeat                 | <input type="checkbox"/> Increase in weight gain                  |
| <input type="checkbox"/> Unexplained coughing            |   |

### LIFESTYLE HABITS

Do you take hormone-based birth control, or hormone replacement therapy?

Do you smoke?

Do you engage in extended periods of travel? If so, how long?

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