

Pre-Operative Surgical Risk Factors Checklist

RISK FACTORS FOR BLOOD CLOT	
<i>Please indicate any of the following situations have previously been or are currently applicable to you.</i>	
<input checked="" type="checkbox"/>	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	
<i>Please indicate if you have previously or currently taken the following medications or supplements:</i>	
	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
 Or Parent / Guardian

 Date: