



## Venous Thromboembolism (VTE) Risk Assessment

VTE stands for venous thromboembolism and is a condition where a blood clot forms in a vein. This is most common in a leg vein but a blood clot can form in the lungs. Use this assessment to find out your risk of developing one.

Please answer these questions as honestly as possible. This risk assessment is for your personal use. If you would like to discuss this risk assessment with our doctor, please call our reception on 020 8767 8389 to book an appointment.

1. Are you?

Woman

Man

2. How old are you?

Under 40

Over 60

Between 40 and 60

3. What does your waist measure?

Less than 88 cm

More than 88 cm

Unsure

4. Are you on any of the following medication?

Oral contraceptive pills  Hormone Replacement Therapy

I am not on either of these medications

5. Have you been diagnosed with any of the following? (You can pick more than one)?

Deep vein thrombosis  Pulmonary embolism

I have not been diagnosed with any of these conditions.

6. Has any of your close family (child, mother, father, brother or sister) been diagnosed with the following? (You can pick more than one)?

Deep vein thrombosis  Pulmonary embolism



None of my close family member have been diagnosed with any of these conditions

7. Have you been diagnosed with any of the following conditions? (You can pick more than one)

- Lung disease  Inflammatory disease  Acute infectious disease  Sticky blood conditions  
 Lower limb paralysis  Varicose veins  No

8. Do you have heart disease or have you had a heart attack or stroke in the last six months?

No  Yes

9. Are you undergoing treatment for cancer?

Yes  No

10. Have you had any of the following operations or procedures in the last 12 weeks? (You can pick more than one)

- Abdominal or stomach surgery  Pelvic or hip fracture or any major trauma  
 Major orthopaedic surgery  Surgical procedure requiring an overnight stay in hospital  
 Plaster cast on lower leg  I have had none of these

11. Are you pregnant or did you give birth up to 12 weeks ago?

Yes  No

12. Do you smoke?

Yes  No

### *Interpretation*

*If you answered "Yes" to questions 8, 9, 11, 12 you may be at higher risk.*

*If you have been diagnosed with any of the conditions (questions 5 – 7), you may be at higher risk.*

*If you have any concerns after completing this form please call 020 8767 8389.*