

Patient Name: _____

Previous exam: _____

Date of birth: _____ Technologist: _____

UPPER EXTREMITY VENOUS ULTRASOUND WORKSHEET

Ordering Physician: _____

Clinical Info: _____

Upper Arm / Neck

Comments:

Internal Jugular:	<input type="checkbox"/> Normal	<input type="checkbox"/> Thrombosed	_____
Subclavian:	<input type="checkbox"/> Normal	<input type="checkbox"/> Thrombosed	_____
Axillary:	<input type="checkbox"/> Normal	<input type="checkbox"/> Thrombosed	_____
Brachial:	<input type="checkbox"/> Normal	<input type="checkbox"/> Thrombosed	_____
Cephalic:	<input type="checkbox"/> Normal	<input type="checkbox"/> Thrombosed	_____
Basilic:	<input type="checkbox"/> Normal	<input type="checkbox"/> Thrombosed	_____

Lower Arm:

Radial:	<input type="checkbox"/> Normal	<input type="checkbox"/> Thrombosed	_____
Ulnar:	<input type="checkbox"/> Normal	<input type="checkbox"/> Thrombosed	_____
Cephalic:	<input type="checkbox"/> Normal	<input type="checkbox"/> Thrombosed	_____
Basilic:	<input type="checkbox"/> Normal	<input type="checkbox"/> Thrombosed	_____

Other comments: _____

Routine, no immediate call back necessary

Call report to: _____ *Number or Pager:* _____