

Patient Name: _____

Previous exam: _____

Date of birth: _____ Technologist: _____

VENOUS REFLUX ULTRASOUND WORKSHEET

Ordering Physician: _____ Clinical Info: _____

Vascular History

Oral Contraceptives: Y N Leg Pain: R L None Varicosities: R L None

Prior DVT R L None Prior Surgery: R L None Leg Trauma: R L None

DVT Study __Negative __Positive Comments: _____

Aneurysm of target segment? Y N Comments: _____

Superficial venous thrombus? Y N Comments: _____

Tortuosity which could impair catheter advancement? Y N Comments: _____

Deep venous reflux R: __Negative __Positive L: __Negative __Positive

LOCATION	RIGHT			LEFT		
	Depth (mm)	Diameter (mm)	Reflux Time (s)	Depth (mm)	Diameter (mm)	Reflux Time (s)
Sapho-femoral junction						
GSV thigh proximal						
GSV thigh mid						
GSV thigh distal						
GSV knee						
GSV calf proximal						
GSV calf mid						
GSV calf distal						
Lesser saphenous vein						
Perforators						

Routine, no immediate call back necessary

Call report to: _____ Number or Pager: _____