



**RADIOLOGY DEPARTMENT
SARAWAK GENERAL HOSPITAL**



PRETEST PROBABILITY FOR DVT

FOR REQUESTING DOCTOR TO FILL

DATE		AGE	
NAME		SEX	
IC NO		WARD/CLINIC	

Please Tick (v)

Active cancer	
Paralysis / paresis / plaster immobilization of lower limb	
Major surgery within 12 weeks or bedridden for at least 3 days	
Localized tenderness along deep venous system distribution	
Swelling of entire leg	
Calf swelling at least 3 cm larger than asymptomatic side (measure 10 cm below tibial tuberosity) *	
Unilateral pitting oedema (confined to symptomatic leg)	
Collateral superficial non varicose veins	
Previous history of DVT	

Please Tick (v)

Known predisposing haematological condition (.....)	
OCP	
Pregnancy / postpartum	
Weightkg Height.....cm BMI.....	

Please Tick (v)

Possible alternative diagnosis to patient's condition other than DVT	
Cellulitis	
Ruptured Baker's cyst	
Fluid overload	
Others	
.....	

Please Tick (v)

D-dimer	
Positive (level.....)	
Negative	
Pending	

Please attach this form together with the request form