

Leg Venous Doppler Worksheet

Name: _____
 DOB: _____
 Diagnosis: _____

Male Female

Date: _____
 Tape #: _____
 Referring MD: _____

Indications

- Rule out DVT
 Edema
 Pulmonary Embolus
 Stasis ulcer
 Pain
 Venous insufficiency
 Other _____

RIGHT Leg

	Common Femoral	Superficial Femoral	Popliteal	Saphenous
Compressibility				
Augmentation				
Phasicity				
Competence				
Inferior				

LEFT Leg

	Common Femoral	Superficial Femoral	Popliteal	Saphenous
Compressibility				
Augmentation				
Phasicity				
Competence				
Inferior				

Comments