## **STOP Leg Clots - second revisit (6-8 weeks)**

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| --- | --- | --- | --- |
| Personal identification number: | Visit date: | | |
| **Ask the patient if he/she has filled in the digital diary:** | Yes | | No |
| *If no – remind the patient to do that* | | | |
| **Is the fracture/tendon rupture clinically healed?** | Yes | No | |
| If longer time of immobilization is needed – for how long? |  | | |
| **Date for removal of immobilization:** |  | | |
| **If IPC-treatment – state time of use registered on the pump? (hh:mm)  (can be filled in by the study personal)** |  | | |
| **If IPC-treatment – pump returned?** | Yes | No | |
| **DVT during time of immobilization diagnosed at a hospital until today?** | Yes | No | |
| If Yes – Treated with Fragmin or Eliquis |  | | |
| **Pulmonary embolism during the time of immobilization confirmed by radiological examination up until today?** | Yes | No | |
| **Total planed time for sick leave?** |  | | |
| Anything else to report? |  | | |



**If questions:**   
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