

STOCKINGS MEASUREMENT FORM

REF NO.: VC / 26 /

Dated:

PATIENT NAME:

AGE:

GENDER:

MALE

FEMALE

Contact no.:

Address:

RECOMMENDED BY: Dr.

HISTORY:

Varicose Veins

Ulcers

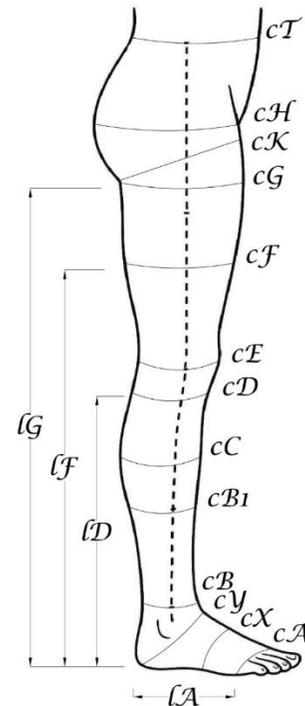
DVT

Adema

Open Wound

Skin Graft

CIRCUMFERENCE IN cms			
cT	Waist		cms
cH	Maximum HIP		cms
		LEFT LEG	RIGHT LEG
cG	Gluteal Fold	cms	cms
cF	Mid of Thigh	cms	cms
cE	At Patela (Knee)	cms	cms
cD	Just Below Knee	cms	cms
cC	Maximum Calf	cms	cms
cB	Minimum Ankle	cms	cms
cY	Cross on Heel	cms	cms
cX	Middle of Foot	cms	cms
cA	Base of Thumb	cms	cms
		LENGTH	LENGTH
IG	Full Length	cms	cms
IF	Thigh High	cms	cms
ID	Below Knee	cms	cms
IA	Foot Length	cms	cms



Instructions for taking correct measurements:

- Measurement to be taken on bare skin with flexible measurement tape
- Measurement to be noted in cms
- Limb should be straight while taking measurement

Name / Signature / Contact (of the person taking measurement)