

# Compression Stocking Measurement Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Measured by: \_\_\_\_\_

## Knee (Calf) High

- When measuring for Knee High, perform measurements: 1,2,3



**1** Ankle circumference directly above the ankle bone

Right Ankle \_\_\_\_\_ in  
Left Ankle \_\_\_\_\_ in



**2** Calf circumference at fullest part of the calf

Right Calf \_\_\_\_\_ in  
Left Calf \_\_\_\_\_ in



**3** Calf length from the floor to the fibular head

Right Length \_\_\_\_\_ in  
Left Length \_\_\_\_\_ in

## Thigh High and Pantyhose Styles

- When measuring for Thigh High, perform measurements: 1,2,4,5
- When measuring for Pantyhose, perform measurements: 1,2,4,5,6



**4** Widest circumference of the thigh

Right Thigh \_\_\_\_\_ in  
Left Thigh \_\_\_\_\_ in



**5** Leg length from the floor up to the gluteal fold

Right Thigh Length \_\_\_\_\_ in  
Left Thigh Length \_\_\_\_\_ in



**6** Circumference at the hip

Right Hip \_\_\_\_\_ in  
Left Hip \_\_\_\_\_ in