Bleeding History/Disorder Data Sheet

Bleeding History – Check all that apply
☐ Easy bruising
☐ Bruising related to menstrual cycle
☐ Bruising worsened by ASA or NSAID
☐ Epistaxis
☐ Dental/Bleeding Gums
☐ Heavy menstrual bleeding
☐ Other:
☐ No bleeding history/tested as part of affected family
☐ Post operative bleed Details

Other Symptoms – Check all that apply
☐ Syncope/POTS
☐ ADD/ADHD
☐ Autoimmune disease
☐ Chronic infection
☐ EBV
☐ Other:
☐ Depression
☐ Hyperflexability
☐ Irritable bowel syndrome

Family History of Bleeding
☐ Mother
☐ Father
☐ Siblings
☐ Children
☐ Maternal relatives
☐ Paternal relatives

Other Family Members Studied ____________________________

Known Diagnoses
1. ____________________________
2. ____________________________
3. ____________________________

Bleeding Checklist Score (if available) __________ Method _______________________

Laboratory Testing
<table>
<thead>
<tr>
<th>PT</th>
<th>aPTT</th>
<th>PFA</th>
</tr>
</thead>
<tbody>
<tr>
<td>vWF activity:</td>
<td>vWF antigen:</td>
<td>VIII activity:</td>
</tr>
<tr>
<td>Platelet Aggregation Studies (ADP, EPI, COL, RIST)</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>WBC</td>
<td>MCHC</td>
<td>NE</td>
</tr>
<tr>
<td>RBC</td>
<td>RDW</td>
<td>LY</td>
</tr>
<tr>
<td>HGB</td>
<td>Required for QA</td>
<td>MO</td>
</tr>
<tr>
<td>HCT</td>
<td>PLT #</td>
<td>EO</td>
</tr>
<tr>
<td>MCV</td>
<td>MPV</td>
<td>BA</td>
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