

Affix Patient Label Here



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

Procedure: _____
 Procedure: _____

Other Symptoms – Check all that apply

- Syncope/POTS
- ADD/ADHD
- Autoimmune disease
- Chronic infection
- EBV
- Other:
- Depression
- Hyperflexibility
- Irritable bowel syndrome

Is patient pregnant? Yes No

Family History of Bleeding Details

- Mother _____
- Father _____
- Siblings _____
- Children _____
- Maternal relatives _____
- Paternal relatives _____

Other Family Members Studied _____

Known Diagnoses

1. _____
2. _____
3. _____

ISTH BAT Score (if available) _____

Laboratory Testing

PT		aPTT		PFA	
vWF activity:		vWF antigen:		VIII activity:	
Platelet Aggregation Studies (ADP, EPI, COL, RIST) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not done					
WBC		MCHC		NE	
RBC		RDW		LY	
HGB		Required for QA		MO	
HCT		PLT #		EO	
MCV		MPV		BA	