

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
- Hyperflexability
- Irritable bowel syndrome

**Family History of Bleeding**

**Details**

- 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**

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