The Hemophilia Foundation of Northern California

Physician's Form

TO BE COMPLETED BY HEALTHCARE PROVIDER

(PHYSICIAN/NURSE)

Name of Patient_____ DOB_____

Date of last Exam_____ Weight_____ □ Male □ Female

Affected by Bleeding Disorder □YES □NO

1. Diagnosis

Factor 8___ Factor 9 _____

VWD 1____ 2 _____ 3____

2A_____ 2B____ 2M____ 2N____

Carrier 8_____ 9_____

Other factor deficiency (type) _____

Platelet dysfunction (type)_____

Factor Activity Level _____%

Inhibitor? □Yes □No Inhibitor Titer_____

Date if last inhibitor test _____

Immune Tolerance? □On it now □On it in the past □Never on it

2. Treatment

What brand of factor is used?_____

Does this child self-infuse? □YES □YES with assistance □No □No, but would like to learn

Target joints?_____

3. Factor Therapy

	Minor		Major	
	Factor Dose	Frequency	Factor Dose	Frequency
Prophylactic Therapy				
Minor bleeds/soft tissue of muscle				
Joint bleeds				
Major bleeds				
Trauma or head injury				

4. Other Meds for Bleeding episodes

	Dose	Frequency

5. Psychosocial Development

Is the child's development appropriate for his/her age? □YES □NO

If NO, at what age (approx) does the child function?_____

Pertinent Psychosocial Information (any member of medical team may complete)

_____

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Patient Name _____

Patient Information			Explain Abnormalities
Head & Neck	□Normal	□Abnormal	
Eyes & Ears	□Normal	□Abnormal	
Nose & Throat	□Normal	□Abnormal	
Dental	□Normal	□Abnormal	
Chest	□Normal	□Abnormal	
Heart	□Normal	□Abnormal	
Abdomen	□Normal	□Abnormal	
Extremities	□Normal	□Abnormal	
Neurological	□Normal	□Abnormal	
Skin	□Normal	□Abnormal	
Psychological	□Normal	□Abnormal	
Height/Weight	□Normal	□Abnormal	

Allergies (drug, food or clotting)

	Name	Reaction	Name	Reaction
Medicine				
Food				

If the child had any hospitalizations in the past year please give dates and reasons_____

_____

_____

Please list any ongoing other problem(s) / other diagnosis

Any General Restrictions?

_____ _____

Signature of Provider (MANDATORY) Print Name

_____

Clinic Address Emergency/Phone Date