



Date _____

Patient _____ DOB: _____

The patient named above has been referred to our office for consultation. They will be seeing Dr. _____ for the diagnosis of _____.

To ensure we have all the necessary medical information for this appointment please fax the following records to:

(757) _____ Attention: _____

Heme Consults - Bleeding

Reason for Consult: Bleeding Disorder, excessive bleeding, prolonged bleeding, Von Willebrands, Hemophilia, Post or peri operative bleeding, coagulopathy, DIC, abnormal platelet function assay, DDAVP infusion,

_____ Last 2 years lab results:

- CBC
- Coag panel (Protime/INR, PTT, Fibrinogen, d-dimer)
- Platelet function analysis
- Von Willebrands panel
- Factor VIII (8), Factor X (10), Factor IX (9), Factor X (10), Factor XI (11)
- Bleeding time
- Liver Function studies (LFT's, AST, ALT, Alkaline Phosphatase, SGOT, SGPT, Total bilirubin, Direct bilirubin),

_____ Recent (within the past 1 year) operative procedure note

_____ PCP/referring MD's chart notes

_____ Hospital admitting history and physical (include name of hospital)

_____ Hospital discharge summary