



# Managing Your Bleeding Disorder

This fillable resource can be used to organize and manage important information about you or your child's bleeding disorder.

## Basic Information

Bleeding Disorder Diagnosis:	
Product Name:	
Routine Treatment/Prophylaxis Schedule:	
In case of a bleeding disorder issue: <u>Who should I call?</u> <u>What should I say?</u>	
Height/Weight:	
Inhibitor Status:	
Other Health Concerns: <u>What to tell a doctor:</u>	

## HTC/HealthCare Provider Contact

Primary Care Physician	
HTC Name:	
HTC Main Contact: Who: Phone Number:	
Doctor's Name and Contact Information:	
Nurse's Name and Contact Information:	
Social Worker's Name and Contact Information:	
Physical Therapist's Name & Contact Information:	
After-hours Phone Number:	
Email address:	
Other Notes:	

## Insurance

Company:	
Plan:	
Policy/Group Number:	
Phone Number:	
Webpage:	
Other Notes:	

## Homecare/Specialty Pharmacy Contact

Name:	
Who to contact:	
Phone Number:	
Email Address:	
When to order more medication:	
Other Notes:	

## Primary Care Physician

Name:	
Address:	
Phone Number:	
Office Hours:	
Email Address:	
Other Notes:	

## Dentist:

Name:	
Address:	
Phone Number:	
Office Hours:	
Email Address:	
Other Notes:	

## Community Assistance

What community assistance are you receiving?	
Contact Number:	
Date to Call for Appointments:	
Person to speak with:	

## Co-Pay or Product Assistance

Company:	
Website:	
Phone Number:	
Address:	
ID #:	
Expiration Date: When and how to reapply:	
Other Information:	

## Local Chapter Support

Chapter Name:	
Executive Director:	
Phone Number:	
Email Address:	
Other Information:	

## Medication Log

Medication:	
Dosage:	
Directions:	

Medication:	
Dosage:	
Directions:	

Medication:	
Dosage:	
Directions:	

Medication:	
Dosage:	
Directions:	

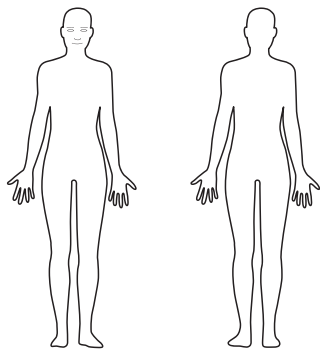
Medication:	
Dosage:	
Directions:	

Medication:	
Dosage:	
Directions:	

# CLINIC LOG

Date of Last Appointment:	
Date to Call and Schedule Next Appointment:	
Who to call to schedule next appointment:	
Date called and person spoke with:	
Date of Next Appointment:	

## Before Your Appointment:

Have you had any bleeding episodes?	
How many?	
Was there an injury involved?	
Where were the bleeding episodes located?	
Have you had to go to the ER or be hospitalized? <u>For what reason?</u> <u>When?</u>	
What questions do you have?	
Do you have any pain? Where?	

## During Your Appointment

Changes to Treatment/Prophylaxis	
Lab Work Completed: <u>When to call for results?</u>	
Recommendations by Doctor:	
Recommendations by Nurse:	
Recommendations by Social Worker:	
Recommendations by Physical Therapist:	
Clinical Trial/Research Information:	
Other:	

## After Clinic Visit:

Lab Results: <u>Factor Activity Level:</u> <u>Inhibitor Level:</u> HCV Results:	
Any follow-up appointments:	

# PRIMARY CARE PHYSICIAN LOG

Date and time of appointment:	
Reason for appointment:	
Doctor:	
Tests completed:	
Medications needed:	
Diagnosis:	
Follow-up/specialist appointments needed:	
Issues/Concerns addressed:	

Date and time of appointment:	
Reason for appointment:	
Doctor:	
Tests completed:	
Medications needed:	
Diagnosis:	
Follow-up/specialist appointments needed:	
Issues/Concerns addressed:	

Date and time of appointment:	
Reason for appointment:	
Doctor:	
Tests completed:	
Medications needed:	
Diagnosis:	
Follow-up/specialist appointments needed:	
Issues/Concerns addressed:	

# DENTIST LOG

Date and time of appointment:	
Issues/Concerns:	
Date of Follow-up Appointment:	
Notes:	

Date and time of appointment:	
Issues/Concerns:	
Date of Follow-up Appointment:	
Notes:	

Date and time of appointment:	
Issues/Concerns:	
Date of Follow-up Appointment:	
Notes:	

Date and time of appointment:	
Issues/Concerns:	
Date of Follow-up Appointment:	
Notes:	

Date and time of appointment:	
Issues/Concerns:	
Date of Follow-up Appointment:	
Notes:	



# HEMOCARE COMPANY/SPECIALTY PHARMACY LOG

Date and Time Contacted:	
Supplies needed:	
Supplies ordered:	
Scheduled Delivery date and time:	
Follow-up needed:	

Date and Time Contacted:	
Supplies needed:	
Supplies ordered:	
Scheduled Delivery date and time:	
Follow-up needed:	

Date and Time Contacted:	
Supplies needed:	
Supplies ordered:	
Scheduled Delivery date and time:	
Follow-up needed:	