Fax all referrals to 604-806-8784

Adult Bleeding Disorders Program of BC/Yukon
St. Paul's Hospital
1081 Burrard St, West Burrard Building, RM 491
Vancouver, B.C. V6Z 1Y6
Phone 604-806-8855, EXT.63730 Fax 604-806-8784
H&HClinics@providencehealth.bc.ca

Providence Health Care

Date of Referrals:_____

Instructions for referring office:

Population Served: BC/Yukon residents who exhibit lifelong signs and symptoms of bleeding who may have an inherited a bleeding disorder (e.g., hemophilia, von Willebrand disease etc.)

Exclusion Criteria: Age <16 years, Acquired hemophilia or von Willebrand disease, Factor V (5) Leiden, Thrombosis, referrals specific for management of anemia, prolonged PTT from antiphospholipid syndrome, anticoagulant or severe medical illness related bleeding.

1. Complete form OR include the following information in a referral letter.
2. At a minimum, provide CBC and Differential, INR, PTT with any other relevant lab investigations or other reports about diagnosis.
3. Provide as much detail as possible. *Only* attach relevant information when faxing this referral form.

PATIENT INFORMATION		
Surname:	Given Name:	Preferred Name:
DOB (*Month/Day/Year*):	Gender: ☐ Male ☐ Female	☐ Other _____
Address:	Email Address:	
Primary Phone #:	Secondary Phone#:	
Health Card Number:		
PROVIDER INFORMATION		
Referring Provider:	Provider's Location: *City, Province*	MSP#:
Telephone #:	Fax #:	Email Address:
Was this patient seen by a hematologist in the past: ☐ Yes (Name:)		☐ No / Unknown
REASON FOR REFERRAL		
Family History of Bleeding Disorders: ☐ No ☐ Yes: _____		
Suspected Diagnosis: _____		

Bleeding Symptoms

- ☐ Recurrent Epistaxis: > than 5/year OR bleed > than 10 minutes
- ☐ Extensive bruising (If only symptom unlikely to be a bleeding disorder)
- ☐ Bleeding from minor wounds: >10 minutes
- ☐ Recurrent gingival bleeding
- ☐ GI Bleeding (If only symptom refer to GI for investigation for structural issue)
- ☐ Unexplained Hematuria
- ☐ Prolonged bleeding post dental extraction
- ☐ Abnormal surgical bleeding and/or prolonged wound healing
- ☐ Heavy menstrual flow since menarche
- ☐ Post-Partum Hemorrhage
- ☐ Muscle hematomas with no or minimal trauma
- ☐ Hemarthrosis
- ☐ History of hypermobility

Note: The more symptoms present the more likely to be a bleeding disorder. If only single symptom present may not warrant referral to Adult Bleeding Disorders Program of BC.

Additional Information: