AlfredHealth

UR

☐ Alfred ☐ Sandringham ☐ Caulfield

REFERRAL TO HAEMOPHILIA / BLEEDING DISORDERS CLINC

Last name*		First name/s*		Date of birth*	

*mandatory fields

- Your patient will be contacted with appointment details
- Enquiries and **urgent** appointments: Haemophilia Clinic - T **9076 2179**
- **Ronald Sawers Haemophilia Centre**, Level 1, South Block, 55 Commercial Rd, Melbourne, Vic 3004

Patient Portal
The Patient Portal enables patients to easily access their Alfred Health appointment and health information online.
Patients are encouraged to register, once they have received an Alfred Health Medical Record Number.

Patient details

Sex	☐ Female ☐ Male ☐ Other	Telephone					
Address				Email			
Medicare No		Reference No		Expiry		NDIS No	
☐ Bulk Bill ☐ Private ☐ Pensioner ☐ TAC ☐ WorkCover ☐ DVA ☐ Other							
Interpreter	☐ Yes ☐ No	Language					

Indigenous status	☐ Not Aboriginal or Torres Strait Islander	☐ Aboriginal and Torres Strait Islander
	☐ Torres Strait Islander not Aboriginal	☐ Prefer not to answer
	☐ Aboriginal not Torres Strait Islander	☐ Not specified
Cultural considerations / support needs		

Contact person name		Relationship		Telephone	

Reason for referral

☐ Factor V	☐ Von Willebrand disease
☐ Factor VII (7) deficiency	☐ Fibrinogen disorder
☐ Factor VIII (8) deficiency - Haemophilia A	☐ Platelet disorder
☐ Factor VIII (8) deficiency (Acquired)	☐ Pregnancy planning
☐ Factor IX (9) deficiency - (Haemophilia B)	☐ Genetic counselling
☐ Factor X (10) deficiency	☐ Undefined bleeding disorder
☐ Factor XI (11) deficiency	☐ Other
☐ Factor XIII deficiency	
Has this patient seen a specialist for this condition previously	☐ Yes ☐ No
If yes, name of specialist	
Is there is a family history of a bleeding disorder	☐ Yes ☐ No ☐ Unknown
If yes, is the family member known to Alfred Health	☐ Yes ☐ No Name
Results attached ☐ Yes	Or, performed at ☐ Melb Path ☐ Dorevitch ☐ ACL ☐ 4 Cyte ☐ Other

Medical history	

Referrer Details	Date of Referral		Provider No	
Name		Address		
Telephone		Fax		
Email		Copies to		
Referral period	☐ 3 months ☐ 6 months ☐ 12 months ☐ Indefinite			

Return referral to Op.referrals@alfred.org.au