Saskatchewan Health Authority

LiveWell

Saskatchewan Bleeding Disorders Program

Chronic Disease Management
Royal University Hospital,
103 Hospital Drive, Box 113,
Saskatoon, SK S7N 0W8

Ph: 306.655.6504
Fax: 306.655.6426

SBDP Consultation Request

The Saskatchewan Bleeding Disorders Program (SBDP) is a provincial multidisciplinary, comprehensive care program that provides assessment and ongoing support for pediatric and adult patients with **hereditary and acquired bleeding disorders** (ex. Hemophilia, von Willebrand Disease, platelet dysfunction disorders, acquired factor inhibitors).

Referrals are welcome from primary healthcare providers or specialist physicians for patients who have a **suspected or confirmed acquired or hereditary bleeding disorder, or are carriers of a hereditary bleeding disorder.** All requests will be assessed by the members of the SBDP team, including an attending Hematologist.

All referrals **must include** a brief description of bleeding concern and the following lab results: CBC, APTT, INR, and ferritin level. Please include results of coagulation factor results, as relevant to this referral (ex. deficient factor levels, vWF antigen and vWF activity). ***Incomplete information received may lead to a delay in patient triage.***

Date: _____

To: **Saskatchewan Bleeding Disorders Program**

Referring Practitioner:_____ **Contact number:**_____

Is the patient is aware of this referral to the SBDP?_____ **Yes** ☐ **No** ☐

Please complete all fields:

Patient: _____

Family Physician: _____

Sex: F ☐ M ☐ DOB: _____
dd mm yyyy

HSN: _____

Address: _____

City: _____ PC:_____

Contact numbers (must be included):

Primary # (daytime): _____

Secondary #: _____

For pediatric patients only:

Parent/Guardian (primary contact):

_____

Relationship: _____

Phone: _____

Parent/Guardian (secondary contact):

_____

Relationship: _____

Phone: _____

Reason for referral: _____

_____

_____

Please fax completed referrals to (306) 655-6426.

For office use only:
Referral status: Accepted to SBDP ☐ General Hematology ☐ Letter only ☐
Time to be seen: <1 mo ☐ 2-3 mo ☐ 3-6 mo ☐ >6 mo ☐ Triaging MD: _____ Date: _____