

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 mmm 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.

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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: _____