



Name: _____

Date: _____

Bleeding History

PERSONAL HISTORY

Do you bruise easily?	YES	NO	
Do you get bruises larger than 2 inches	YES	NO	
Do you get frequent nosebleeds?	YES	NO	
(Females only) Do you have heavy menstrual periods?	YES	NO	N/A
Have you bled excessively with:			
Surgery	YES	NO	
If yes, what was the procedure? _____			
An accidental cut or injury?	YES	NO	
Dental extractions?	YES	NO	
(Males only) Circumcision?	YES	NO	N/A

Please read this list of medications/herbals and circle any that you take:

Aspirin, ibuprofen (Advil, Motrin) or naproxen (Alves)? YES NO

*If yes, discontinue use **1 week** before surgery

Omega 3 fatty acids, St. John's Wort, cayenne, cumin, garlic, evening primrose oil, ginkgo biloba, ginseng, grape seed extract, milk thistle, turmeric, vitamin C, vitamin E, onion extract, Benadryl, Claritin, Allegra, Zyrtec, or cough and cold medicine YES NO

*If yes, discontinue use **2 weeks** before surgery

FAMILY HISTORY (Answer these questions to the best of your knowledge. If unknown, circle no)

Are you adopted or is your family history unknown? If yes, STOP YES NO

Has anyone in your family needed a blood transfusion? If so, why? YES NO

Has anyone in your family been called a "bleeder"? YES NO

Has anyone in your family bled excessively after surgery or childbirth? YES NO

In your knowledge, does anyone in your family have a bleeding disorder YES NO

including hemophilia, von Willebrand disease, low platelets, ITP or factor IV?

If so, who and which one: