

Bleeding Disorder/Hematology Information
(To be completed by Bleeding Disorder Campers only)

Last name _____ First Name _____ Middle Initial _____ Date of Birth _____

What is your child's bleeding disorder? _____ Severity _____

Is your child on Home Prophylaxis (preventative) treatment? Yes _____ No _____

If yes, Product _____ How often? _____

Date of last infusion _____

Has your child ever had a reaction to any Product? Yes _____ No _____

If yes, what was the reaction? _____

Frequency of Bleeds _____ Spontaneous?? _____ Result of injuries? _____

Most common bleeding site? _____

Is your child able to self infuse? Yes _____ No _____

Does your child have a port-a-cath? Yes _____ No _____

Does your child use Emla cream? Yes _____ No _____

Physical Therapy: Is your child currently receiving physiotherapy? Yes__ No__

If yes, explain _____

If not on prophylaxis, what does your child require in the case of bleeding?? _____

Dose _____

Has he/she ever required Cyklokapron for nose/mouth bleeds? Yes _____ No _____

Each camper must bring all factor concentrate, supplies, and medications that they will require at camp.

Please be advised that the hemophilia nurse will use this time during camp to educate your child on his/her medical condition and encourage them to learn self infusion if appropriate.