



## PATIENT REGISTRATION FORM



Clinician/Nurse to complete. Fields marked with an \*asterisk are mandatory, optional fields are shaded grey.

- New patient     
  Change of name     
  Change of address

### Patient

**ABDR ID**

(Existing patients only)

**Title**

**Australian Resident Status** (Please tick)

- Australian Citizen/Permanent Resident   
  Overseas Visitor  
 Temporary Visa

**\*First name**

**Second name / Initial**

**\*Family name**

**Known as / Alias**

**\*Gender**

- Male   
  Female

**\*Date of birth**

 / /

**Previous family name/s**

**\*Address**

1

2

3

**\*Suburb**

**\*State**

**\*Postcode  
Country**

  


Home phone

Work phone

Mobile

Home email

Work email

\*Tick preferred contact method; at least one contact must be supplied.

**Patient contact** (mandatory if patient is under 18)

- Mother   
  Father   
  Spouse   
  Grandparent   
  Emergency   
  Other   
 Please specify: \_\_\_\_\_

**Title**

**First name**

**Second name / Initial**

**Last name**

**Address**

1

2

3

**Suburb**

**State**

**Postcode**

**Country**

- Home phone   
  Work phone   
  Mobile   
  Home email   
  Work email   
 Tick best contact method

**Best contact number or email address**

**Diagnosis** See overleaf for # options

**\* Date diagnosed**

 / /

**\*Bleeding disorder #**

**\*Severity**

Mild / Moderate / Severe /  
Unknown / Not applicable

**Baseline factor date**

 / /

(Where applicable)

**Baseline factor level**

 %

(Where applicable)

**\*Weight in kilograms**

**Treatment** See overleaf for + ^ options

**\*Regimen +**

**\*Product name ^**

**\*Total dose**

**\*Frequency**

**Comments**

**Attending Physician and Clinic / Hospital Address** Missing data will be requested by an ABDR Data Manager.

**\*Title**

**\*First name**

**\*Last name**

**\*Name of Clinic / Hospital**

**\*Best contact number or email address**

**\*Address**

1

**\*Suburb**

2		*State	
3		*Postcode	

**DECLARATION:**

These details are true and correct at the time of completing this form. I have read the *ABDR User Terms and Conditions* and the *ABDR Privacy Consent Policy* and I understand my role and obligations in populating the ABDR. The patient is also aware of the purpose for capturing their details in the ABDR and has been provided with a copy of the ABDR Patient Information and Informed Consent Pamphlet and the ABDR/MyABDR Privacy Collection Notice. I have confirmed the patient's understanding of those materials and obtained the patient's express consent for the collection of their personal information in the ABDR.

**Name** **Signature** **Date** / /

<b>#Bleeding Disorder</b>	<b>+Treatment Regimen</b>	<b>^Product Name (Type)</b>
Factor II deficiency (Prothrombin) Factor V deficiency Factor VII deficiency Factor VIII deficiency (Haemophilia A) Factor IX deficiency (Haemophilia B) Factor X deficiency Factor XI deficiency Factor XII deficiency Factor XIII deficiency Symptomatic Carrier Factor VIII deficiency (Haemophilia A) Symptomatic Carrier Factor IX deficiency (Haemophilia B) Asymptomatic Carrier Factor VIII deficiency (Haemophilia A) Asymptomatic Carrier Factor IX deficiency (Haemophilia B) von Willebrand Disease Type 1 von Willebrand Disease Type 2 – Uncharacterised von Willebrand Disease Type 2A von Willebrand Disease Type 2B von Willebrand Disease Type 2M von Willebrand Disease Type 2N von Willebrand Disease Type 3 von Willebrand Disease – Uncharacterised Fibrinogen – Afibrinogenemia Fibrinogen – Hypofibrinogenemia Fibrinogen – Dysfibrinogenemia Fibrinogen dysfunction – Uncharacterised Platelet – Glanzmann's thrombasthenia Platelet – Bernard-Soulier Platelet – May Hegglin Platelet – Macrothrombocytopenias Platelet – Storage pool (dense granule) deficiency Platelet – Primary secretion defect Platelet – Uncharacterised Acquired factor VIII inhibitor (Acquired Haemophilia A) Acquired von Willebrand's Disease Vascular disorders – Ehlers Danlos Syndrome Vascular disorders – Uncharacterised Other, please specify	On demand Prophylaxis Tolerisation Secondary Prophylaxis	Advate® (rFVIII) BeneFIX® (rFIX) Biostate® (pdFVIII) Ceprotin® (Protein C) Cryoprecipitate DDAVP (Synthetic hormone) Factor Eight Inhibitor Bypass Agent (FEIBA®) (Bypassing Agent) Factor VII Concentrate® (pdFVII) Factor XI bpl® (pdFXI) Factor XI LFB Hemoleven® (pdFXI) Fibrogammin P® (pdFXIII) Fresh Frozen Plasma (FFP) Haemocompletan P 1g (pdFXIII) Intravenous Immunoglobulin (IVIg) Kogenate (rFVIII) Kogenate FS – Blood Service (rFVIII) MonoFIX® - VF (pdFIX) NovoSeven® (rFVIIa) NovoSeven RT® (rFVIIa) Platelets Prothrombinex™ - VF (pdPCC) Recombinate® (rFVIII) ReFacto® (rFVIII) Xyntha (rFVIII) Xyntha Dual Chamber (rFVIII)