

Bleeding Health History

This tool can help you and your team better understand your health and bleeding history.

Is there a history of any of these events?

- | | |
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| <input type="checkbox"/> Bleeding through a pad or tampon within an hour | <input type="checkbox"/> Excessive bleeding from minor injuries or cuts |
| <input type="checkbox"/> Bleeding through bedclothes | <input type="checkbox"/> Excessive bleeding after dental extractions |
| <input type="checkbox"/> Excessive bruising of unknown origin | <input type="checkbox"/> Pain with ovulation |
| <input type="checkbox"/> Nose bleeds lasting longer than 10 minutes | <input type="checkbox"/> Blood clots larger than a quarter during menstruation |

Have any of the symptoms above affected activities of daily living? YES NO

If yes, please explain.

Is there a history of periods lasting longer than seven days? YES NO If yes, please explain.

Is there a history of joint pain? YES NO If yes, please explain.

Has hormone therapy or an IUD been prescribed to help reduce uterine bleeding? YES NO

If yes, please explain.

Has a hysterectomy or endometrial ablation been suggested to resolve excessive uterine bleeding?

YES NO If yes, please explain.

Has there been excessive post-surgical or post-partum bleeding (immediate or delayed) that resulted in additional treatment? YES NO If yes, please explain.

Have there been blood transfusions related to excessive bleeding? YES NO
If yes, please explain.

Is there a history of iron deficiency anemia? YES NO If yes, please explain.

Is there a family history of bleeding? YES NO If yes, please explain.

Is there a family member that has been diagnosed with a bleeding disorder? YES NO
If yes, please explain.

Current medications:

To learn more about bleeding disorders in women, visit diplomatpharmacy.com/SWAN.



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