

Bleeding Health History

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

Do you have 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"/> A lot of bruising of unknown origin |
| <input type="checkbox"/> Blood clots larger than a quarter during menstruation | <input type="checkbox"/> Nosebleeds lasting longer than 10 minutes |
| <input type="checkbox"/> Pain with ovulation | <input type="checkbox"/> A lot of bleeding from minor injuries or cuts |
| <input type="checkbox"/> Bleeding through bed sheets | <input type="checkbox"/> Too much bleeding after dental extractions |

Have any of the symptoms above affected your daily life? YES NO
If yes, please explain.

Do you have a history of periods lasting longer than 7 days? YES NO If yes, please explain.

Have you been prescribed hormone therapy or an IUD to help reduce uterine bleeding? YES NO
If yes, please explain.

Has a hysterectomy or endometrial ablation been suggested to help with uterine bleeding?
 YES NO If yes, please explain.

Have you had a lot of post-surgical or post-partum bleeding (immediate or delayed) that resulted in needing more treatment? YES NO
If yes, please explain.

Have you missed school or work because of heavy bleeding? YES NO If yes, please explain.

Do you have a history of joint swelling or pain? YES NO If yes, please explain.

Have you had blood transfusions due to a lot of bleeding? YES NO
If yes, please explain.

Do you have a family history of bleeding? YES NO
If yes, please explain.

Has a family member been diagnosed with a bleeding disorder? YES NO
If yes, please explain.

Please list your current medications:

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

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