HämostaseThromboseZentrum Zürich

labor team

Questionnaire bleeding tendency® see also back

Date…………………

Last name………………… **First name……………..……** **Date of Birth……………………………........**

Height…..………..…cm **Weight…………..kg** **Blood group……………** **Phone……………..**

Please tick the box

Severe bleeding after operation	☐ Yes	☐ No	3
Blood transfusion during or after surgery	☐ Yes	☐ No	1
Delayed, or poor wound healing	☐ Yes	☐ No	2
Easy bruising after minor injuries	☐ Yes	☐ No	1.5
Severe or prolonged bleeding from cuts	☐ Yes	☐ No	1
Prolonged bleeding after tooth extraction or dental hygiene	☐ Yes	☐ No	3
Repeated hemorrhages into joints	☐ Yes	☐ No	3
Bleeding tendency in parents, sisters and brothers, grandparents, within your relatives e.g. postoperative bleeding, after injuries or tooth extractions, hematomas, heavy menstrual bleeding	☐ Yes	☐ No	2
Frequent nosebleeds	☐ Yes	☐ No	0.5
Aspirin (ASA), Aspirin-containing medications, Clopidogrel, Plavix, Iscover, Efient, Brilique, within the last 7 days	☐ Yes	☐ No	
Other painkillers, flu medication or antirheumatic agents within the last 7 days, e.g. Diclofenac, Ibuprofen, Ponstan, Mefenacid, Algifor, Xefo	☐ Yes	☐ No	
Have you ever had thrombosis, pulmonary embolism, heart attacks, or stroke?	☐ Yes	☐ No	
Do you take any medication or dietary supplements (please indicate)? Please use the back of the form for further comments. ____ ____ ____ ____			
For women only: Did you have			
Extended, heavy menstrual bleeding More than 3 pads per day and/or duration of more than 6 days	☐ Yes	☐ No	2
Severe bleeding after births or miscarriage	☐ Yes	☐ No	2
Do you have children?	☐ Yes	☐ No	
Are you pregnant?	☐ Yes	☐ No	
Have you ever had miscarriage?	☐ Yes	☐ No	

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Zürich, 27.02.2025 Prof. Dr. med. Peter Hellstern

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