|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | |  | | |  | **\*Date of birth** | | | | | | | | |  | **Previous family name/s** | | |
|  | | |  |  | **🞎** Male  **🞎** Female | | | | |  | **/ /** | | | | | | | | |  |  |  | |
| **\*Address** | | |  |  |  | |  | | |  |  | | |  | | | | | |  |  |  | |
| **1** |  | | |  |  | |  | | |  |  | | | **\*Suburb** | | | | | |  |  |  | |
| **2** |  | | |  |  | |  | | |  |  | | | **\*State** | | | | | |  |  |  | |
| **3** |  | | |  |  | |  | | |  |  | | | **\*Postcode** | | | | | |  |  |  | |
|  | | |  |  |  | |  | | |  |  | | | **Country** | | | | | |  |  |  | |
| **🞎 Home phone** | | | |  | **🞎 Work phone** | | | | |  | **🞎 Mobile** | | |  | | | | | |  |  |  | |
|  | | |  |  |  | |  | | |  |  | | |  | | | | | |  | **\***Tick preferred contact method; at least one contact must be supplied. | | |
| **🞎 Home email** | | | |  |  | |  | | |  | **🞎 Work email** | | | | | | | | |  |
|  | | |  |  |  | |  | | |  |  | | |  | | | | | |  |  |  | |
|  | | | |  |  | |  | | |  |  | | |  | | | | | |  |  |  | |
| **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** |  | | |  |  | |  | | |  |  | | | **Suburb** | | | | | |  |  |  | |
| **2** |  | | |  |  | |  | | |  |  | | | **State** | | | | | |  |  |  | |
| **3** |  | | |  |  | |  | | |  |  | | | **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** | | |  |  | **Baseline factor date** | | | | | | **Baseline factor level** | | | | | | | | |  | **\*Weight in kilograms** | | |
|  | | |  |  | / / | | | | |  |  | | | % | | | | | |  |  |  | |
| Mild / Moderate / Severe / Unknown / Not applicable | | | |  | (Where applicable) | | | | |  | (Where applicable) | | | | | | | | |  |  |  | |
| **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 Conditions* and the *Clinicians FAQ on the ABDR* 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 is aware of privacy and confidentiality protection arrangements as described overleaf. The ABDR Pamphlet has been given to patient. | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | |  | |  |  | | | **Signature** | | |  | | |  | | | | | |  | **Date** | **/ /** | |
| **#Bleeding Disorder**  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 | | | | | | **+Treatment Regimen**  On demand  Prophylaxis  Tolerisation  Secondary Prophylaxis | | | | | | | | | **∧Product Name (Type)**  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)  Haemocomplettan 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) | | | | | | | |

**ABDR Patient Pamphlet**

**What is the ABDR?** The Australian Bleeding Disorders Registry (**ABDR**) is a database that collects all clinical information related to the treatment of people with bleeding disorders, like an electronic medical file. This includes information about patient diagnosis, treatment details, hospital admissions and administrative information as well as details on ordering, supply and use of clotting factor products. Information is entered into the ABDR by staff at haemophilia treatment centres. The ABDR is managed by the National Blood Authority. The ABDR was first established in 1988 and has been upgraded many times with the latest significant upgrade in 2012.

**Why do you need it?** The ABDR provides your health care team and support staff with a record enabling them to monitor and manage your treatment over time to improve your quality of life. Depersonalised information available from the ABDR may be used by authorised organisations to understand and improve treatment for bleeding disorders. The ABDR also provides governments with information on total clotting factor product requirements to make sure there is enough available to meet the needs of all Australians with bleeding disorders.

**What about privacy?** Only the health care team and support staff involved in providing medical services to you have access to your personal information. Other authorised users only have access to limited, depersonalised and/or summary information where all identifying information is removed to protect your privacy.

**Does information about me have to be included?** A minimum amount of information about you is required to ensure the continuous supply of clotting factorproduct is available to meet your treatment needs.

**Where can I get more information?** Further information about the ABDR can be obtained from the Australian Haemophilia Centre Directors’ Organisation (AHCDO) on (03) 9885 1777, email [info@ahcdo.org.au](mailto:info@ahcdo.org.au) or visit [www.ahcdo.org.au](http://www.ahcdo.org.au)

**Endorsement from Haemophilia Foundation Australia**

Haemophilia Foundation Australia supports the ABDR. It helps doctors and other treating health professionals to understand more about the care and treatment needs of people affected by bleeding disorders. The ABDR will assist and guide planning to ensure treatment product is available when it is needed. We are confident that the steps in place will mean accurate, reliable and confidential data is available and that no patient details can be identified outside haemophilia centres.

[www.haemophilia.org.au](http://www.haemophilia.org.au)

**Endorsement from Australian Haemophilia Centre Directors’ Organisation**

The ABDR is a valuable tool that provides an overview of those affected with haemophilia and other bleeding disorders in Australia. Data from the ABDR is the best information available for clinicians to advise governments making policy decisions regarding treatment needs and product availability.

National statistics available through the ABDR will give AHCDO an overview of practise and allow opportunities for improvement. This data can be pooled to compare Australian treatment standards with international benchmarks. The ABDR will continue to provide the ability to assess quality of life and other important clinical questions arising across Australia.

AHCDO’s partnership on this initiative with the National Blood Authority, Haemophilia Foundation Australia and other specialist health professional groups is vital to the pursuit of excellence in clinical treatment practices.

[www.ahcdo.org.au](http://www.ahcdo.org.au)

Copies of this pamphlet can be obtained by contacting the National Blood Authority at [support@blood.gov.au](mailto:support@blood.gov.au) or 13 000 BLOOD (13 000 25663)