

## Case History Questionnaire to Assess Risk of Bleeding in Children

Child's name: \_\_\_\_\_ Blood group: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date: \_\_\_\_\_

### Child's own case history

Doctor or parents to mark with cross:



1. Has your child had an increased incidence of **nosebleeds** for no detectable reason? yes  no

2. Has your child had an increased incidence of bruising, including on the torso or unusual sites?



3. After **immunisations**, did your child have clearly detectable bruising on the immunisation site?

4. Have you noticed that your child has **bleeding gums** for no detectable reason?

5. Has your child ever had an **operation**? Was there any heavy or persistent bleeding during or after an operation?



6. Did your child have any bleeding when the **umbilical cord fell off**?

7. Was there any prolonged or heavy bleeding after the milk **teeth fell out** or with **dental extraction**?

8. Has your child ever received any **blood units** or **blood products**?

9. Has your child taken **painkillers** such as aspirin in the past few days?



If so, which? \_\_\_\_\_  
\_\_\_\_\_

10. Has your child received/is your child receiving any **medication**, such as antibiotics, valproate, Marcumar, ... ?

If so, which? \_\_\_\_\_  
\_\_\_\_\_



11. Has your child any known **underlying condition**, such as liver or kidney disease?

### Classification by the doctor

	If yes
» Continuing	2
» Seasonal only	3
» ENT findings present	
» When taking medication	1
» Arterial hypertension	4
» Lively child?	0
» Without bumping himself/herself, being pinched, etc.	2; 1
» Continuing	2
» Periodontitis	0
» Which operation?	4
» Over 5 minutes	2
» Aftercare was necessary	2
» When taking medication	1
» Bleeding tendencies since medication taken	4; 2
» Bleeding tendencies since medication taken	2; 4; 5
» Bleeding tendencies since medication taken	2; 4; 5
» What condition?	4

## Additional questions for the mother

Doctor or mother to mark with a cross:



1. Do you have long (+7days) and/or heavy menstrual bleedings (changing pads/tampons frequently)?

yes no

2. Did you have heavy bleeding **during or after a child's birth**?

### Classification by the doctor

» Since the menarche If yes  
2

2

## Family history, for mother and father separately

Doctor or the parents to mark with a cross:



1. Have you had an increased incidence of, **nose-bleeds**, even for no detectable reason?

Mother		Father	
yes	no	yes	no
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2. Have you had an increased incidence of **bruising**, even without bumping yourself?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Have you noticed **gum bleeding** for no apparent reason?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Do you think that you are bleeding longer **after cuts** (such as when shaving)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Have you had longer or heavier bleeding after **operations**?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6. Have you had longer or heavier bleeding after **dental extractions**?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. Have you ever received **blood units** or **blood products**?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8. Have there been or are there any **cases of an increased bleeding tendency** in your family?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Classification by the doctor

» Continuing If yes  
2  
 » Seasonal only 3  
 » ENT findings present  
 » When taking medication 1  
 » Arterial hypertension 4

» Activities liable to cause trauma 0  
 » Continuing 2  
 » When taking medication 1

» Periodontitis 0

» Over 5 minutes 2  
 » Typical injury (wet shave) 2  
 » When taking medication 1

» Which operation? 4

» Over 5 minutes 2  
 » Aftercare was necessary 2  
 » When taking medication 1

4; 2

» Degree of relationship  
 » Diagnosis known 2

Doctor's signature

Practice stamp

0 = no treatment needed  
 1 = medication case-history  
 2 = clotting diagnostic investigation needed, possibly refer to Clotting Centre  
 3 = refer to ENT specialist  
 4 = retrieval of findings, consultation if necessary with specialist in haemostasis, paediatrician or physician  
 5 = consultation with specialist in haemostasis, paediatrician or physician/hospital (surgeon) and possible abstention