

## Medical Day Care Blood Transfusion/ IV Iron Referral Form

<p><b>Patient Name:</b></p> <p>D.O.B</p> <p><b>NHS / MRN no:</b></p> <p><b>Referring Clinician:</b></p> <p><b>Date of Referral</b> __/__/__</p> <p><b>GP contact Number:</b></p>	<p><b>Reason for referral (check box):</b>  <b>Blood Transfusion</b> <input type="checkbox"/>          GP to arrange X-match (2 separate samples required if patient's first transfusion please)  <b>Iron Infusion</b> <input type="checkbox"/></p> <p><b>Indication:</b></p>																																							
<p><b>Recent blood results:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Current</th> <th>Baseline</th> </tr> </thead> <tbody> <tr><td>Hb</td><td></td><td></td></tr> <tr><td>MCV</td><td></td><td></td></tr> <tr><td>WCC</td><td></td><td></td></tr> <tr><td>Platelets</td><td></td><td></td></tr> <tr><td>Urea</td><td></td><td></td></tr> <tr><td>Creatinine</td><td></td><td></td></tr> <tr><td>eGFR</td><td></td><td></td></tr> <tr><td>Ferritin</td><td></td><td></td></tr> <tr><td>Serum Iron</td><td></td><td></td></tr> <tr><td>Folate</td><td></td><td></td></tr> <tr><td>B12</td><td></td><td></td></tr> <tr><td>TSH</td><td></td><td></td></tr> </tbody> </table> <p><b>Patient's weight (kg)</b></p>		Current	Baseline	Hb			MCV			WCC			Platelets			Urea			Creatinine			eGFR			Ferritin			Serum Iron			Folate			B12			TSH			<p><b>Past Medical History:</b></p> <div style="border: 1px solid black; height: 100px; margin-bottom: 10px;"></div> <p><b>Current Medication:</b></p> <div style="border: 1px solid black; height: 80px; margin-bottom: 10px;"></div> <p><b>Allergies:</b></p> <p><b>Escalation plan:</b></p> <p><b>DNACPR</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Is patient able to consent?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, has NOK/Power of Attorney been informed and will they be attending with patient?          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 80px; margin-top: 10px;"></div>
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<p><b>Previous Treatment:</b>  <b>Blood</b> <input type="checkbox"/>  <b>Iron</b> <input type="checkbox"/>  <b>Both</b> <input type="checkbox"/></p> <p><b>Date:</b> __/__/__</p> <p><b>Is patient on oral iron?</b>          Yes <input type="checkbox"/></p> <p><b>Preparation:</b> Please select          Since when:          No Please select</p> <p><b>Is iron deficiency being investigated?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Please send referrals to: Sister Jackie Binns, Medical Day Care (Fax: 0117 4149484) or email: MedicalDayCare@nbt.nhs.uk</b></p> <p><b>Completed by MDC:</b></p>																																							

<b>Date referral Seen &amp; by:</b>	<b>Accepted: Yes / No:</b>	<b>Date of Appointment:</b>
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**PATHWAY FOR IRON DEFICIENCY ANAEMIA MANAGEMENT (Dr J Birchall, Consultant Haematologist)**

