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Facebook.com/groups/hemophiliaphilippines

MEDICAL BACKGROUND OF MEMBER

Is Member a Patient or Relative? _____

If Member is a patient, Type of Bleeding Disorder:

___ Hemophilia A (Indicate if mild, moderate or severe) _____

___ Hemophilia B (Indicate if mild, moderate or severe) _____

___ VonWillebrand Disease (unclassified)

___ vWD Type 1 ___ vWD Type 2 (please indicate if A/B/M/N) _____

___ vWD Type 3

___ Carrier

Blood Type : _____

Where was the patient diagnosed? (Name of Hospital): _____

Current Hospital : _____

Address : _____

Name of Hematologist : _____

Contact No. Of Hematologist: _____

I attest to the correctness of the information provided.

Signature of member/Representative: _____

Name of representative (if member is a minor): _____