

GENERAL PRACTITIONER PROFORMA (1.1)



Barts Health NHS Trust
The Royal London Hospital
Pathology and Pharmacy Building
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Centre for Haematology
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UK Adult Immune Thrombocytopenic Purpura (ITP) Registry

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General Practitioner Proforma

Patient Information:	
Surname _____	ITP diagnosis date _____
Forename(s) _____	Date of Birth _____
NHS Number _____	Registration Date on UKITP Registry _____
Gender _____	

Required information

ITP Referrals		
Have you referred the patient for ITP care recently?	Yes	No
<u>Haematologist details</u>		
Consultant Name	_____	_____
Department	_____	_____
Hospital/Centre Name	_____	_____
Address Line 1	_____	_____
Address Line 2	_____	_____
City/Town	_____	_____
Telephone/fax	_____	_____

Demographic, Anthropometric measurements and lifestyle

Ethnicity	_____	BMI	_____
Patient Weight	_____ kg	Height	_____ cm
	<u>Type</u>	<u>Amount</u>	<u>Date</u>
Tobacco Use	_____	_____	_____
Alcohol Consumption	_____	_____	_____

Bleeding Events:

<u>Location</u>	<u>Occurrence</u>		<u>Severity</u>	<u>Date</u>
Cutaneous Bleeds	Yes	No	_____	_____
Bleeds from the Oral Cavity	Yes	No	_____	_____
Epistaxis	Yes	No	_____	_____
Uterine Bleeds	Yes	No	_____	_____
Haematuria	Yes	No	_____	_____
Gastrointestinal Bleeds	Yes	No	_____	_____

Antifibrinolytic therapy	Yes	No	_____	_____	_____	_____
Co-Morbid Conditions at presentation						
Condition	Occurrence		Diagnosis Date			
Cataracts	Yes	No	_____	_____	_____	_____
Osteoarthritis	Yes	No	_____	_____	_____	_____
Type I Diabetes	Yes	No	_____	_____	_____	_____
Type II Diabetes	Yes	No	_____	_____	_____	_____
Hypertension	Yes	No	_____	_____	_____	_____
Peptic Ulcers	Yes	No	_____	_____	_____	_____
H. pylori Infection	Yes	No	_____	_____	_____	_____
Renal Failure or Impairment	Yes	No	_____	_____	_____	_____
Chronic Liver Disease	Yes	No	_____	_____	_____	_____
Hypercholesterolemia	Yes	No	_____	_____	_____	_____
Myocardial Infarction	Yes	No	_____	_____	_____	_____
Unstable Angina	Yes	No	_____	_____	_____	_____
Revascularisation procedure	Yes	No	_____	_____	_____	_____
Sudden Cardiac Death	Yes	No	_____	_____	_____	_____
Ischaemic Stroke	Yes	No	_____	_____	_____	_____
Transient Ischaemic Attack	Yes	No	_____	_____	_____	_____
Deep Vein Thrombosis	Yes	No	_____	_____	_____	_____
Pulmonary Embolism	Yes	No	_____	_____	_____	_____
Splenomegaly	Yes	No	_____	_____	_____	_____
Thyroid Disease	Yes	No	_____	_____	_____	_____
Depression/Anxiety	Yes	No	_____	_____	_____	_____
Miscarriage	Yes	No	_____	_____	_____	_____
Cushing's Syndrome	Yes	No	_____	_____	_____	_____
Candida Infection	Yes	No	_____	_____	_____	_____
Pneumonia	Yes	No	_____	_____	_____	_____
Other Autoimmune Disease	Yes	No	_____	_____	Type	_____
Haematological Malignancy	Yes	No	_____	_____	Type/Site	_____
Solid Tumour/Malignancy	Yes	No	_____	_____	Site	_____
Phototoxicity	Yes	No	_____	_____	_____	_____
Family history						
Cancer	Yes	No	Site:	_____	_____	_____
Ischemic Heart Disease	Yes	No	Type:	_____	_____	_____
Stroke	Yes	No	Ischaemic	or	Haemorrhagic	or Not Known
ITP	Yes	No	_____	_____	_____	_____
Other autoimmune disease	_____	_____	Yes	No	Type:	_____
Any other relevant family history	_____	_____	Yes	No	Specify	_____

Biochemical Fields (Levels at Diagnosis – if not available, then as near as diagnosis as possible)					
Alanine Transaminase (ALT)	_____	Date	_____		
Aspartate Transaminase (AST)	_____		_____		
Alkaline Phosphatase (ALP)	_____		_____		
Bilirubin	_____		_____		
Haematological Fields (Levels at Diagnosis – if not available, then as near as diagnosis as possible)					
Platelet	Count	_____	Date	_____	
				Count	Date
Haemoglobin	Count	_____	Date	_____	_____
				Count	Date
White Blood Cells (Level at Diagnosis)	Count	_____	Date	_____	
Neutrophils	Count	_____	Date	_____	
Red Blood Cells (Level at Diagnosis)	Count	_____	Date	_____	
Mean Platelet Volume (MPV) [Volume at Diagnosis]		_____	Date	_____	
Blood Group (A, B, AB or O; Rh Positive/Negative)	_____				
Marrow Aspirate	Yes	No	Conclusion	_____	Date
Trephine Biopsy	Yes	No	Conclusion	_____	Date
Direct Agglutination Test (DAT) (Level at Diagnosis)	_____				Date

Immunological Fields (Levels at Diagnosis – if not available, then as near as diagnosis as possible)					
Immunoglobulin	Level	_____	Date	_____	
IgG		_____		_____	
IgM		_____		_____	
IgA		_____		_____	
Anti-Nuclear Antibodies		_____		_____	
Coagulatory Fields (Levels at Diagnosis – if not available, then as near as diagnosis as possible)					
	Level	_____	Date	_____	
Prothrombin Time (PT)		_____		_____	
Activated Partial Prothrombin Time (APPT)		_____		_____	
Lupus Anticoagulant (LA)		_____		_____	
Anticardiolipin Antibody (aCl)		_____		_____	
Reticulocyte Percentage		_____		_____	

Please continue on a separate sheet if required or you may prefer to send us a summary in your own template with the information above.