Utah Department of Health Hemophilia Outcomes Tracking Form

Date of Service: Patient Name: ID:
DOB: Weight (kg): Product Dispensed:
Diagnosis: Severity: Inhibitor Status:

Monthly Usage & Bleeds:

Prophylaxis orders (u/kg):
Bleed Orders (u/kg):
Expected Usage:
u/kg:
Units dispensed:
Reported Factor Usage:
Total dose:
Does the reported use exceed the expected use? ☐No ☐Yes, Why

Patient reported ED visits for hemophilia:

☐No ☐Yes Date(s) of service:

Patient reported hospitalizations:

☐No ☐Yes Date(s) of service:

Home Infusion:

Is the family infusing at home? ☐No ☐Yes
Is the family infusing at home with RN assistance? ☐No ☐Yes

Patient Contacts (total number and dates):	Total Number	Dates
Comprehensive care visits with MD or HTC		
Patient/Family education delivered/received		
Infusions given by RN		
Offsite visits (home and school)		
PRN Visits		
Hospital/ER Avoidance		

Case management interactions (total number):

Telephone: Text: Email:

Narrative/Comments: