



## DIRECTIONS FOR COMPLETING HOME CARE CALENDARS

**PLEASE REMEMBER:** You have signed a Home Care Agreement, which requires that you turn in a calendar on a monthly basis whether or not you have had a bleed. It is very important for your care that the medical staff is aware of your infusion history for each month.

**NOTE:**

We have added two more pieces of information for you to document:

“Time your bleed started” and “Time your infusion was started”

This information will allow Dr. Gill and the rest of the medical staff to better understand how your bleeds are responding to treatment. We appreciate your taking the time to add this extra information

**The following information is needed for each infusion:**

<p><b>Date:</b> <i>Date of Infusion</i></p> <p><b>Product:</b> <i>Name of product used.</i></p> <p><b>Total Dose:</b> <i>Total number of units infused</i></p> <p><b>Prophylaxis</b> _____ <b>Bleed</b> _____ <i>(Check one)</i></p> <p><b>Time</b> <b>Bleed Started:</b> <i>For Example: 8:00 AM</i></p> <p><b>Time</b> <b>Infusion Started:</b> <i>For Example: 9:00 AM</i></p> <p><b>Site of Bleed:</b> <i>Where is bleed, include whether left or right side</i></p>
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**Please complete the following information below:**

- 1) allergic reactions,
- 2) all medications used during the month including non-prescription items,
- 3) any medical illness.

When completed, return to:

Comprehensive Center for Bleeding Disorders  
P.O. Box 2178  
Milwaukee, WI 53201-2178

Or: Fax: 414-937-6580

Or: To email: [ccbdcalendar@bcw.edu](mailto:ccbdcalendar@bcw.edu)

Or: If you have not infused during the month, you may call CCBD to report no infusions.

Should you want to download the calendar format to your home computer, please call and let us know.