Western Cape Blood Service
Do something remarkable

PATIENT INFORMATION AND CONSENT FOR THERAPEUTIC PHLEBOTOMY AT WCBS

First name:	
Surname:	
Email address:	
ID number:	**Cell number:**
Address:	
Name of medical aid:	**Medical aid number:**
Name of main member of the medical aid:	

MEDICAL INFORMATION	
Do you weigh above 50 kg?	
Please list any chronic medications used in the last two years.	
In the last **three months**, have you been hospitalised or had a scope in a doctor's room? If yes, for what reason and when?	
Have you ever had any type of cancer? If yes, what type, when was it treated and what treatment did you receive?	
Have you ever had a stroke (CVA), transient ischaemic attack (TIA) or any type of clot? If yes, what, when and what treatment did you receive?	
Have you ever had a seizure or been diagnosed with epilepsy? If yes, when was the last seizure and do you use anti-epileptic medication?	
Have you ever had an irregular pulse, stent, angina, bypass surgery or heart attack? If yes, what, when and type of treatment?	
Are you diabetic? If yes, what medication do you use?	
Have you ever had hepatitis or jaundice? If yes, what type and when?	
Do you have any autoimmune diseases eg. rheumatoid arthritis, Hashimotos? If yes, what type and what medication do you use?	
Did you grow up in an area/country where malaria is prevalent? If yes, where, and when did you last visit any malaria area?	
Have you ever had brain surgery or received a tissue, human cornea or organ transplant? If yes, what type and when?	
Have you ever fainted having blood samples taken or donating blood? If yes, how long ago did this happen?	

CONSENT

I have been referred by my clinician to receive therapeutic phlebotomy at WCBS and I understand the following:

- My clinician is responsible for my diagnosis and medical management.
- WCBS will perform therapeutic phlebotomy at the intervals prescribed by my clinician. At the completion of the initial prescription from my clinician I will automatically revert to an 8 weekly phlebotomy schedule, unless an updated prescription from my clinician is submitted to WCBS.
- It is my responsibility to liaise with my clinician regarding my phlebotomy intervals and attend WCBS clinics as prescribed.
- The Head of the Medical Division at WCBS may require additional tests/medical reports before accepting me as a donor. Donors with a cardiac history may be required to submit ongoing cardiac reports for review.
- I will be charged for the first therapeutic phlebotomy and for any further phlebotomies where my blood is not suitable for transfusion to patients.
- Following my first phlebotomy, I understand that when my blood is not used for transfusion to patients it will not undergo routine testing for HIV, Hepatitis B, Hepatitis C, syphilis and ferritin level.
- I understand that it is my responsibility to settle all accounts and to liaise with my medical aid if necessary.

Signature:	**Date:**

WCBS Specialised Donations: Fax: (021) 531 3335 | Email: phlebotomy@wcbs.org.za | Tel: (021) 507 6320/6393

For office use	Donor code											