

Transfusion History Form

Instructions: Patients please complete lines 1 through 8.

Patient Information

Patient Name (Print Legibly):			
	Last		First
Date of Birth:	Sex: Male /	Female (circle one)
Have you been admitted to a hospital in the	last 3 months?	No /	Yes (circle one)
If yes,			
Hospital Name	City & S	tate	Date of Admission
Have you ever received a blood product (tra	ansfusion)?	No / Ye	s / Not Sure (circle one)
•		No / Ye	s / Not Sure (circle one)
Where? Hospital Name	City & S	tate	Date of Transfusion
		No /	Yes (circle one)
If yes, where?			
Hospital Name	City & S	State	Date of Transplant
	/ Yes (circle	one)	
If yes, Hospital Name	City & S	State	Date of Surgery
Females Only: Are you pregnant now or h	ave you been p	regnant wi	ithin the last 6 months?
No / Yes / Not Sure (circle or	ne) _		
		Due	date if applicable
If yes , Did you receive an Rh Immune Glo within the last 6 months?	bulin (RhoGam	, MICRhoC	Sam, Rhophylac) shot
		lo / Yes	I Not Sure (circle one)
If yes, date of last dose			
For Lab / Collection Staff Use Only	<u>For</u>	Blood B	ank Staff Use Only
	Hospital Name Have you ever received a blood product (trailing the set of th	Last Date of Birth: Sex: Male / Have you been admitted to a hospital in the last 3 months? If yes, Hospital Name City & S Have you ever received a blood product (transfusion)? If yes, was it within the last 3 months? Where? Hospital Name City & S Have you ever had a stem cell or bone marrow transplant? If yes, where? Hospital Name City & S Are you scheduled to have surgery? No / Yes (circle lf yes, Hospital Name City & S Females Only: Are you pregnant now or have you been pure No / Yes / Not Sure (circle one) If yes, Did you receive an Rh Immune Globulin (RhoGam within the last 6 months? If yes, date of last dose For Lab / Collection Staff Use Only Provided The sex: Male / Interval 1 and Interval 2 months? If yes, date of last dose For Lab / Collection Staff Use Only Provided The sex: Male / Interval 2 months? If yes, date of last dose For Lab / Collection Staff Use Only	Last Date of Birth: Sex: Male / Female (Have you been admitted to a hospital in the last 3 months? No / If yes, Hospital Name City & State Have you ever received a blood product (transfusion)? No / Ye If yes, was it within the last 3 months? No / Ye Where? Hospital Name City & State Have you ever had a stem cell or bone marrow transplant? No / If yes, where? Hospital Name City & State Are you scheduled to have surgery? No / Yes (circle one) If yes, Hospital Name City & State Females Only: Are you pregnant now or have you been pregnant with No / Yes / Not Sure (circle one) Due If yes, Did you receive an Rh Immune Globulin (RhoGam, MICRhoC within the last 6 months? No / Yes If yes, date of last dose For Lab / Collection Staff Use Only Draw Station Location: For Blood B

Blood Bank Dept. Phone Numbers:

Crouse: 315-470-7404St. Joseph's: 315-448-5404