

Haemophilia & Thrombosis Centre Belfast City Hospital Lisburn Road Belfast BT9 7AB **Tel: 028 9504 0444**
PRIVATE AND CONFIDENTIAL

22/03/2023

MR EDWARD CONWAY

GRO-C

Miscellaneous Letter

Dear MR CONWAY

I am just writing in regards to your last Clinic appointment which was scheduled for 13/01/2023.

I note that you did not attend, but would strongly encourage you to attend future appointments or let us know if you are unable to make it so that we can endeavour to offer you the best Haemophilia care.

I was pleased to see the results from your blood tests in October 2022 which showed a normal Haemoglobin level and Platelet Level as well as normal Liver Function tests, which is of course good news.

I will ensure we send out a further appointment in due course.

In addition, I enclose a further letter for your communication preferences to try to make sure we are able to communicate with you in a way that best suits yourself, because I know that previously you have raised concerns about phone calls, in particular, being distressing and we do not want to cause unnecessary stress or anxiety.

I hope this helps us going forwards and look forward to seeing in clinic in due course.

Yours sincerely

Dr GRO-D MB BCh, MRCP, FRCPath
Consultant Haematologist

Enc.

CC Dr. CLAIRE M COURTNEY
CITYVIEW MEDICAL
WATERSIDE HEALTH CENTRE
127 SPENCER ROAD
LONDONDERRY
BT47 6AH

Communication Preferences Form

This form is to help the haemophilia team ensure we are communicating with you in a way you are happy with. We would like to ask for your preferences around communication.

PLEASE CIRCLE YES OR NO

I am happy to be contacted by:

	Yes	No
Phone call		

Text message Yes / No

Letter	Yes / No
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I am happy to be contacted directly by:

Doctors	Yes	No
1	1	0
2	1	0
3	1	0
4	1	0
5	1	0
6	1	0
7	1	0
8	1	0
9	1	0
10	1	0
11	1	0
12	1	0
13	1	0
14	1	0
15	1	0
16	1	0
17	1	0
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97	1	0
98	1	0
99	1	0
100	1	0

	Yes	No
Nurses		

Physiotherapist	Yes / No
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Occupational Therapist Yes / No

Social worker Yes / No

Data manager	Yes / No
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Clinic coordinator	Yes / No
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If you are not happy to be contacted directly, please provide the name and contact number of the person you would like us to contact on your behalf.

Name: Relationship:

Number:

Thank you for completing this form. Please print and sign your name, as well as the date below.

Patient Name:

Signed:

Date:

Clinician Name:

Signed:

Date:

Use this space to add statement regarding what confidential information he is happy to share with his contact: