

OXFORDSHIRE HEALTH AUTHORITY

OXFORD HAEMOPHILIA CENTRE - FOLLOW-UP CLINIC

CLARKE, ROGER

GRO-C

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(M)

First Name: _____

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(DR. C. R. RIZZA)

Basic Level of Factor VIII/IX

1-27

Date of Visit: 16.7.91

Date Commenced Home Treatment: NO

Problems with Home Treatment: N/A

Type of materials used: / Average amount/month: /

Other drugs: NO

Record forms Returned: Yes/No

Where used equipment is disposed: N/A

Type of Employment/School: Accountant

Time Off Work/School in last 6 months: NO

Registered Disabled: Yes/No

Last N.O.C. appointment: NO

Last Dental Appointment: Own Dentist/N.O.C./J.R.II. NO

Childhood Vaccinations: ✓

Hepatitis Vaccination: 1. 2. 3.

Car Driver: Manual Automatic

Allowances: Attendance

Mobility/Motability

Disability

Other - specify

Splints and Appliances:

Wheelchair/Electric Wheelchair:

* Mr. Clarke does not want to have a follow up every six months & just want to see Dr Trowell for his liver problems, accordingly NO further follow ups to be arranged.

Dlw P.F. L.G. M.M. D.L.

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