

Chronic Immune Thrombocytopenia (C-ITP) Status Report Worksheet

Worksheet is to be completed by the patient's treating provider.

Patient Name: _____ DOB: _____

Condition is CHRONIC ITP (defined as more than 12 months from diagnosis)?	Y	N
Platelet counts are stable above 50,000/microL?	Y	N
It has been more than 12 months since diagnosis?	Y	N
Any history of bleeding episodes that EVER required medical attention (medication, IVIG, etc.)?	Y	N
Has a splenectomy been required for treatment?	Y	N
Is there current use of antiplatelet agents (NSAIDS, ASA, gingko biloba) or anticoagulants?	Y	N
Any increased risk of bleeding (ulcer, high fall risk)?	Y	N
Are any treatment changes recommended? If YES, what are the recommended changes? _____	Y	N
Is the patient back to full, unrestricted activities?	Y	N
Any current treatment? If YES, what is current treatment? _____	Y	N
CBC within the last 90 days shows a platelet count of 50,000/microL or higher AND no anemia or leukopenia?	Y	N

Treating Physician's Signature

Physician's Printed Name

Date

Expert FAA Medical Assistance!

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