NHS Lothian

Patients refusing Blood Components awaiting Invasive Procedures Referral Form	Addressograph, or Name: DOB: Unit No./CHI: Address:

Reason for refusing blood components: Religious ☐ Other ☐ If Other, please provide details:	
Seen Hospital Liaison Team: YES ☐ NO ☐	Baseline bloods checked: YES ☐ NO ☐
Advanced Directive Complete: YES ☐ NO ☐ (FBC/UE/LFT/COAG/G&S)	
Date of surgical procedure: ___/___/___	
Consultant in charge of patient's care:	
Type of procedure:	
Estimated blood loss:	
Past medical history:	
Current medications:	
Date of referral: ___/___/___	
Full name:	Grade:
Contact details:	

Email completed form to: rie.haematologyadminteam@nhslothian.scot.nhs.uk