

Attachment A

Illinois Department of Healthcare and Family Services

Hemophilia Care Management Program

New Patient Registration

Data Requested	Pharmacy Response	Additional Notes
Pharmacy Name		
Pharmacy NPI Number		
Pharmacy Phone Number		
Case Manager Contact Info.		
 		
Name		
Recipient Identification Number (RIN)		
Phone Number		
Date of Birth		
Sex		
Primary Language spoken in Home		
Patient Weight		
Does Patient have an Inhibitor		
Current Blood Factor Prescribed		
Current Dose		
Date Current Prescription Issued by Prescriber*		
If Current Dose is to Treat a Bleed, Specify Type of Bleed		
Is Patient on Prophylactic Factor		
Dosing Schedule		
Does the Patient keep a Dosing Log		

***Please attach copy of the original prescription as written by the prescriber.**

Forms can be returned to the Department, to the attention of Hemophilia Care Management Program, via fax to: 217-558-1531. Please return forms within 3 business days of any change to patient information.