



**CENTRAL CALIFORNIA  
BLEEDING DISORDERS  
FOUNDATION**

---

The Central California Bleeding Disorders Foundation (CCBDF) is offering medical ID bracelets or necklaces at no charge to the community. The company providing these emblems is American Medical ID. There are several choices pictured on the attached forms for patients to choose from and extra items that are printed or engraved in addition to the bracelets/necklaces. We no longer monetarily support the Medic Alert choice, but patients can certainly opt to use that company if they choose. The patient will need to cover the cost themselves.

There are three criteria for receiving this service:

1. Patient must have an inherited bleeding disorder
2. Patients must live in the 27 counties CCBDF serves. (The 27 counties that CCBDF serves are: Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Lassen, Madera, Mariposa, Merced, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Tuolumne, Yolo, and Yuba.)
3. Patients must be listed in the CCBDF database as part of the CCBDF community. The CCBDF database is used to notify patients/families of services, programs, product information, events, scholarship, tutoring, emergency assistance, lifelong learning, and Spanish speaking programs. This information is never shared or sold to pharmaceutical companies or homecare companies. (A form is attached that needs to be filled out if the patient is not in the CCBDF database.)

It is strongly suggested that patients utilize the program nurse or social worker in filling out the American Medical ID form to be sure information is included that would be beneficial in case of an emergency.

Upon completing the forms, please email them to Stephanie Hill at [stephanie@cchfsac.org](mailto:stephanie@cchfsac.org) and she will forward to American Medical ID.

If you have questions, you can email Stephanie or call her at 916-448-0370.

Sincerely,  
Stephanie Hill  
Executive Director, CCBDF

**The Central California Bleeding Disorders Foundation exists to improve the quality of care and life for persons impacted by hemophilia and other inherited bleeding disorders through education, advocacy and support.**

**P.O. Box 163689 • Sacramento, CA 95816-9689 • 916-448-0370  
[www.cchfsac.org](http://www.cchfsac.org) • [info@cchfsac.org](mailto:info@cchfsac.org)**



**CENTRAL CALIFORNIA  
BLEEDING DISORDERS  
FOUNDATION**

---



Instructions:

1. Complete all necessary/applicable information on the first page of this form (below).
2. Proceed to the next page and select your desired medical ID style, size and color if applicable.
3. Complete the desired engraving information by typing directly onto the form or writing it in with a dark pen.
4. Please consider the allotted character limit for each line of space on the medical ID and note this includes spaces.
5. Submit the form via the instructions below.
6. Submit forms to Stephanie Hill at [stephanie@cchfsac.org](mailto:stephanie@cchfsac.org).

**The Central California Bleeding Disorders Foundation exists to improve the quality of care and life for persons impacted by hemophilia and other inherited bleeding disorders through education, advocacy and support.**

**P.O. Box 163689 • Sacramento, CA 95816-9689 • 916-448-0370  
[www.cchfsac.org](http://www.cchfsac.org) • [info@cchfsac.org](mailto:info@cchfsac.org)**



## CENTRAL CALIFORNIA BLEEDING DISORDERS FOUNDATION

### PATIENT REFERRAL FORM

CCBDF is a community-based, nonprofit organization that provides programs, activities and services—both fun and educational—to people with bleeding disorders in 27 counties of Northern California. Services range from scholarships to emergency financial assistance as well as all manner of educational programs that enable people to manage their condition and advocate for themselves. Details of CCBDF's various programs and services can be found on the CCBDF website ([www.ccbdf.org](http://www.ccbdf.org)).

The purpose of this form is to help introduce new patients and their families/caregivers to CCBDF, and vice versa. By providing the information requested below, you can help CCBDF understand your needs so that we can better serve you. Please provide all the information requested and then sign at the bottom, giving consent for your referring provider to send us this form.

All information received will be kept confidential and will be used only for the purpose of keeping you informed about CCBDF programs and services. We do not share our patient list.

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's/Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_ Decline \_\_\_\_\_

Diagnosis: Hemophilia A (F-VIII) \_\_\_\_\_ Hemophilia B (F-IX) \_\_\_\_\_  
von Willebrand \_\_\_\_\_ Other: \_\_\_\_\_ (Please Specify)

Do you need literature related to diagnosis? \_\_\_\_\_  
English: \_\_\_\_ Spanish: \_\_\_\_ Other: \_\_\_\_\_ (Please Specify)

Date of Referral: \_\_\_\_\_ Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient/Parent of Guardian's Signature Approving Release of Above Information to CCBDF

X

(Please sign and date)

**The Central California Hemophilia Foundation exists to improve the quality of care and life for persons impacted by hemophilia and other inherited bleeding disorders through education, advocacy and support.**

**P.O. Box 163689 • Sacramento, CA 95816-9689 • 916-448-0370  
[www.cchfsac.org](http://www.cchfsac.org) • [info@cchfsac.org](mailto:info@cchfsac.org)**



CCBDF

Complete and submit forms as instructed on page one.  
Your order will include the MyIHR QR Access Card.

Patient First & Last Name *(Required)*

Patient Birth Date

Patient Address *(Required)*

Parent / Guardian

Email

City

State

Zip

HTC or Hematologist

Phone Number

Patient/Guardian Phone *(Required)*

Parent/Guardian Signature

ENGRAVING NOTE: Do not exceed character limits listed by line. Remember to include spaces between words.

### Stainless Flex



Select STYLE

STYLE 1: Silicone Band

☐ Black ☐ White ☐ Green ☐ Blue ☐ Pink ☐ Purple



Select Wrist Size:

☐ XS/SM

☐ MD/LG

5.5 - 7"

7 - 9"

STYLE 2: NATO Band

Blue/Pink Blue/Red Multicolor Black/Green/Red



Adjustable for wrist sizes 5-8.5"

Front

Character Limit

Line 1: \_\_\_\_\_ 16  
2: \_\_\_\_\_ 16  
3: \_\_\_\_\_ 16

Back

Line 1: \_\_\_\_\_ 15  
2: \_\_\_\_\_ 17  
3: \_\_\_\_\_ 17  
4: \_\_\_\_\_ 17  
5: \_\_\_\_\_ 17  
6: M Y I H R . C O M / # # # # O R  
7: 8 0 0 - 4 9 0 - 2 4 0 0

### Stainless Dog Tag Red



Select Chain Length

☐ 18" ☐ 20" ☐ 24" ☐ 27"

Front

Character Limit

Line 1: \_\_\_\_\_ 11  
2: \_\_\_\_\_ 11  
3: \_\_\_\_\_ 11

Back

Line 1: \_\_\_\_\_ 21  
2: \_\_\_\_\_ 21  
3: \_\_\_\_\_ 22  
4: \_\_\_\_\_ 19  
5: \_\_\_\_\_ 19  
6: \_\_\_\_\_ 22  
7: M Y I H R . C O M / # # # # O R  
8: 8 0 0 - 4 9 0 - 2 4 0 0

## Stainless Classic Bracelet



Select Size

☐ 7" ☐ 8" ☐ 9" ☐ 10"

Front	Character Limit
Line 1: _____	21
2: _____	20
3: _____	19
4: _____	20
5: _____	21
<b>Back</b>	
Line 1: _____	26
2: _____	26
3: _____	26
4: <u>MYIHR.COM / ##### OR</u>	
5: <u>800-490-2400</u>	

## Small Stainless Classic Bracelet



Select Size

☐ 5" ☐ 6" ☐ 7" ☐ 8"  
☐ 9" ☐ 10"

Front	Character Limit
Line 1: _____	13
2: _____	13
3: _____	12
4: _____	13
5: _____	13
<b>Back</b>	
Line 1: _____	20
2: _____	22
3: _____	24
4: <u>MYIHR.COM / ##### OR</u>	
5: <u>800-490-2400</u>	

## Sleek Silicone Bracelet

Engraved MyIHR access info will not fit on this plate.  
Please note the QR access card is still included.



1. Select Band Color

☐ Black ☐ Blue ☐ Red ☐ White ☐ Pink ☐ Purple

2. Select Size

☐ S (6") ☐ M (7") ☐ L (8") ☐ XL (9")

Front	Character Limit
Line 1: _____	14
2: _____	14
3: _____	14
4: _____	14

## Action Bracelet

Select STYLE

Adjustable for wrist sizes 5.5" - 6.75"



Dolphin



Floral Butterfly



Dinosaur



Super Star

Back	Character Limit
Line 1: _____	18
2: _____	18
3: _____	18
4: _____	18
5: _____	18
6: <u>MYIHR.COM / ##### OR</u>	
7: <u>800-490-2400</u>	





### Stainless Classic Necklace

- ☐ 18"    ☐ 24"  
☐ 20"    ☐ 27"



### Stainless Premier Red Necklace

- ☐ 18"    ☐ 24"  
☐ 20"    ☐ 27"

**Front**  
 Line 1: \_\_\_\_\_ 12  
 2: \_\_\_\_\_ 14  
 3: \_\_\_\_\_ 16

**Back**  
 Line 1: \_\_\_\_\_ 10  
 2: \_\_\_\_\_ 13  
 3: \_\_\_\_\_ 15  
 4: \_\_\_\_\_ 16  
 5: \_\_\_\_\_ 17  
 6: \_\_\_\_\_ 18  
 7: \_\_\_\_\_ 17  
 8: MYIHR.COM / # # # #  
 9: 8 0 0 - 4 9 0 - 2 4 0 0

**Back**  
 Line 1: \_\_\_\_\_ 8  
 2: \_\_\_\_\_ 10  
 3: \_\_\_\_\_ 14  
 4: \_\_\_\_\_ 16  
 5: \_\_\_\_\_ 16  
 6: \_\_\_\_\_ 16  
 7: MYIHR.COM / # # # #  
 8: 8 0 0 - 4 9 0 - 2 4 0 0

### MyIHR QR Access Card



Each item below is complimentary. Please check which one(s) you would like to receive with your primary medical ID.



InCase ID\*  
 (attaches to back of phone)

☐

Line 1: \_\_\_\_\_ 20  
 2: \_\_\_\_\_ 20  
 3: \_\_\_\_\_ 20  
 4: \_\_\_\_\_ 20  
 5: \_\_\_\_\_ 20  
 6: \_\_\_\_\_ 20  
 7: \_\_\_\_\_ 20  
 8: \_\_\_\_\_ 20  
 9: \_\_\_\_\_ 20  
 10: \_\_\_\_\_ 20



Expandable  
Wallet Card

☐

Charm (select one)


☐

☐

☐