

**Date:** [Insert Date]

**To:** [Hematologist Name/Clinic Name]

**Address:** [Clinic Address]

**Re:** Referral for Hematology Consultation

**Patient Name:** [Patient Full Name]

**Date of Birth:** [Patient DOB]

Dear Dr. [Hematologist Last Name],

I am referring [Patient Name] to your clinic for a comprehensive hematological evaluation regarding persistent and unexplained bruising/ecchymosis.

**Clinical Presentation:**

The patient reports an increase in spontaneous bruising over the last [Time Period]. These bruises appear on the [List Body Parts, e.g., trunk, extremities] without known trauma. The patient also reports:

- [Optional: Recurrent epistaxis]
- [Optional: Gingival bleeding]
- [Optional: Menorrhagia]
- [Optional: Prolonged bleeding from minor cuts]

**Relevant Medical History:**

[Briefly list history of liver disease, renal issues, or prior bleeding episodes].

**Current Medications:**

[List medications, specifically anticoagulants, NSAIDs, or herbal supplements].

**Recent Laboratory Results:**

Initial screening shows:

- CBC: [Insert Result/Normal]
- PT/INR: [Insert Result]
- aPTT: [Insert Result]
- Platelet Count: [Insert Result]

I would appreciate your expert opinion on a potential bleeding diathesis or underlying coagulopathy. Please provide your recommendations for further diagnostic testing and management.

Thank you for your assistance in this patient's care.

Sincerely,

[Your Name/Referring Provider]  
[Title/Credentials]  
[Phone Number]