HHT Foundation International, Inc.
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Fax: 410-357-0655

Calculate your Epistaxis Severity Score at
www.curehht.org

EPISTAXIS JOURNAL

_____

(name)

Diary of HHT Treatments

Date	Treatment	Performed By	Result

Month / Year _____
Hematocrit: _____
Hemoglobin: _____
ESS: _____

Month / Year _____
Hematocrit: _____
Hemoglobin: _____
ESS: _____

Month / Year _____
Hematocrit: _____
Hemoglobin: _____
ESS: _____

Month / Year _____
Hematocrit: _____
Hemoglobin: _____
ESS: _____

Month / Year _____
Hematocrit: _____
Hemoglobin: _____
ESS: _____

Month / Year _____
Hematocrit: _____
Hemoglobin: _____
ESS: _____

Monthly Results

Month / Year _____
Hematocrit: _____
Hemoglobin: _____
ESS: _____

Month / Year _____
Hematocrit: _____
Hemoglobin: _____
ESS: _____

Month / Year _____
Hematocrit: _____
Hemoglobin: _____
ESS: _____

Month / Year _____
Hematocrit: _____
Hemoglobin: _____
ESS: _____

Month / Year _____
Hematocrit: _____
Hemoglobin: _____
ESS: _____

Month / Year _____
Hematocrit: _____
Hemoglobin: _____
ESS: _____

Name _____

Date of Birth _____

Gender _____

Primary Care Physician Name / Address / Phone

_____

_____

_____

_____

Clinical Diagnosis of HHT

Curacao Criteria for HHT

Epistaxis	Spontaneous
Telangiectasia	Multiple
Visceral Lesion	GI, Spinal, Cerebral, Pulmonary, Liver
Family History	First Degree Relative

HHT Diagnosis is:

DEFINITE	3 Criteria Present
PROBABLE	2 Criteria Present
UNLIKELY	<2 Criteria

Baseline Medical Information

Date: _____

Current Hematocrit: _____

Current Hemoglobin: _____

Pulmonary AVMs: _____

Cerebral AVMs: _____

GI Telangiectasia: _____

Nasal Telangiectasia: _____

Genetic Testing Result: _____

Epistaxis Severity Score (ESS): _____