Persistent thrombocytopenia: referral

Assume that today's date is 5 November 2026. Ms Keevers has attended for review of her latest blood results. This is original independent practice material. You are Ms Keevers's general practitioner. Using the information in the case notes, write a referral letter to Dr Sumathi Alagappan, Consultant Haematologist, requesting outpatient assessment of persistent thrombocytopenia of uncertain cause. Address the letter to Dr Sumathi Alagappan, Consultant Haematologist, Specialist Outpatient Clinic, 18 Station Road, Victoria 3000, Australia. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Ms Marie-Claire Keevers	☐	☐	☐
2. DOB: 16/06/1977 (49 yrs)	☐	☐	☐
3. Review: 05/11/26 — latest FBC discussed	☐	☐	☐
4. Occupation: accounts administrator; working usual hours	☐	☐	☐
Social background			
5. Lives with partner; independent in daily activities	☐	☐	☐
6. Alcohol: approximately 2 standard drinks/week; no previous heavy use	☐	☐	☐
7. Non-smoker	☐	☐	☐
8. Enjoys gardening and crossword puzzles	☐	☐	☐
9. Complained that receptionist sounded impatient during booking	☐	☐	☐
10. Sister privately disclosed arguments about family inheritance	☐	☐	☐
Medical history			
11. No known liver disease, autoimmune disorder or previous bleeding disorder	☐	☐	☐
12. No prescribed, OTC or herbal medicines; no recent medication changes	☐	☐	☐
13. No recent febrile illness; no family history of abnormal bleeding	☐	☐	☐
14. Appendicectomy 2008 — uncomplicated	☐	☐	☐
Assessment and visit notes			
15. Platelets (×10⁹/L): 03/09/26 86 → 01/10/26 79 → 05/11/26 77	☐	☐	☐
16. Previous platelets: 194 ×10⁹/L, June 2024	☐	☐	☐
17. Citrate sample confirms thrombocytopenia; film: no clumping or abnormal cells	☐	☐	☐
18. Hb and neutrophils within laboratory reference intervals throughout	☐	☐	☐
19. No epistaxis, gum bleeding, heavy periods, haematuria or gastrointestinal bleeding	☐	☐	☐
20. No excessive bruising or petechiae	☐	☐	☐
21. Feels well; no fever, night sweats or weight loss	☐	☐	☐
22. Examination: no lymphadenopathy or hepatosplenomegaly	☐	☐	☐
23. Alert; observations unremarkable; no active bleeding	☐	☐	☐
Investigations			
24. LFTs, renal function, B12 and folate: unremarkable	☐	☐	☐
25. HIV, hepatitis B/C screening negative; consent obtained	☐	☐	☐
Plan			
26. Cause remains uncertain; no specific diagnosis established	☐	☐	☐
27. Routine haematology referral: assess persistent isolated thrombocytopenia; advise further investigation/management	☐	☐	☐
28. No platelet-directed treatment commenced	☐	☐	☐
29. Advised urgent medical assessment if new bleeding develops	☐	☐	☐
30. Serial blood results and film report enclosed	☐	☐	☐

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