

Contact Information and Demographics	
Name:	Nickname:
DOB:	Preferred Language:
Address:	
Cell #:	Home #:
Best Time to Reach:	
E-Mail:	Best Way to Reach: Text Phone Email
Health Insurance/Plan:	Group and ID #:

Health Care Providers (clinical and emergency information)				
Specialty	Name	Clinic or Hospital	Phone # (daytime clinic and after hours paging)	Fax or E-mail Address

Educational and Employment Information	
Educational Status / Current Grade Level	
Name of School	Contact Person: Phone:
Special Accommodations (Individualized Education Program)	
Employment Status	Employed <input type="checkbox"/> Not Employed <input type="checkbox"/>
Name of Employer	Contact Person: Phone:
Special Accommodations	

	Wt	RR	HR	BP
Hemoglobin	g/dL			
Reticulocyte Count	%			
White Blood Cell Count	10 ³ /mm ³			
Total bilirubin	mg/dL			
Oxygen Saturation	%			
Myelosuppression				

Sickle Cell Complications

Medications	Dose	Frequency
Hydroxyurea YES NO If no reason:		

Prior Surgeries, Procedures, and Most Recent Hospitalizations	
x Please give dates of most recent admissions for pain	
Splenectomy YES NO	Date
Cholecystectomy: YES NO	Date
Port: YES NO	Date
Most recent pain admission:	Date
Most recent admission for ACS:	Date

Transfusion History (Please specify chronic transfusion or chronic exchange)	(Please note known antibodies, reaction, and need for premedication)

Health Maintenance	Date	Notes
Cardiology/Echo		
Pulmonary visit		
Dilated eye exam		
UA/urine Microalbumin		

Immunization Summary	Date	Notes
Pneumovax #1:		
Pneumovax #2		
Last meningococcal vaccine:		
Last influenza vaccine:		

Relationships
If patient is in a relationship, has she/he been counseled re: SCT testing for partner? YES NO
Is partner's SCT status known? YES NO
Have the following items been offered (hemoglobinopathy test, correct interpretation, referral to genetic counselor)? YES NO

FEMALE
Menstrual History
Menses: On (Date)
Menstrual pattern (i.e. regular, irregular, absent):
Menstrual complications (cramps / nausea / sickle pain / sickle cell pain)
Contraception
Current hormonal contraception use and type:

MALE
Pregnancy
History of getting someone pregnant? YES NO
Pregnancy outcome

Additional information (i.e. psychosocial issues, family, social background, etc.)

Special information that the patient wants health care professionals to know

Patient/Guardian Signature

Print Name

Phone Number

Date

Primary Care Provider Signature

Print Name

Phone Number

Date