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| **Student Name:** |
| **Sex: M or F** | **Date of Birth:** | **Date of Entry:** |
| **Co-Morbid Conditions:** |
| **SICKLE CELL MAINTENANCE** |
| Date |  |  |  |  |  |  |  |  |
| **Annual or as indicated** | Complete physical examination |  |  |  |  |  |  |  |  |
| Complete blood count (CBC), reticulocyte count, hemoglobin phenotype, liver profile |  |  |  |  |  |  |  |  |
| If transfused, consider iron studies, ferritin, hepatitis serologies |  |  |  |  |  |  |  |  |
| Urinalysis |  |  |  |  |  |  |  |  |
| Chest x-ray (if indicated) |  |  |  |  |  |  |  |  |
| Ophthalmology evaluation for retinopathy |  |  |  |  |  |  |  |  |
|  | Genetic counseling |  |  |  |  |  |  |  |  |
| **SOCIAL PROFILE** |
| **Every visit** | Smoking history |  |  |  |  |  |  |  |  |
| Alcohol & Drugs of Abuse |  |  |  |  |  |  |  |  |
| Sexual history (including birth control and safe-sex measures) |  |  |  |  |  |  |  |  |
| **CHARACTERISTICS OF PAIN EPISODES** |
| Frequency |  |
| Duration |  |
| Usual home treatment |  |
| Usual emergency department treatment |  |
| Number and duration of hospitalizations |  |