|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | |  | | | | | | | | |