

<b>Comprehensive Sickle Cell Centers</b>	<b>Medical History Form Part I Medical Conditions</b>	<b>Pages: 3 of 10</b>
<b>Collaborative Data Project</b>	Date Form Completed: <input type="text" value="MDC1:COMPDA"/> / <input type="text" value="MDC1:COMPMD"/> / <input type="text" value="MDC1:COMPYR"/> DD                                    MMM                                    YYYY  Form Completed by: <input type="text" value="MDC1:COMPINT"/>	CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}

**Has this patient ever had or ever been diagnosed with...**

<b>Yes</b>	<b>Year of First Diagnosis</b>	<b>No</b>	<b>Unknown</b>	
<input type="checkbox"/> (MDC1:COND1)	<input type="text" value="MDC1:CND1YR"/>	<input type="checkbox"/> (MDC1:COND1)	<input type="checkbox"/> (MDC1:COND1)	(Anemia) Aplastic Episode
<input type="checkbox"/> (MDC1:COND2)	<input type="text" value="MDC1:CND2YR"/>	<input type="checkbox"/> (MDC1:COND2)	<input type="checkbox"/> (MDC1:COND2)	(Anemia) Immune and Non-immune Hemolysis/Hyperhemolysis
<input type="checkbox"/> (MDC1:COND3)	<input type="text" value="MDC1:CND3YR"/>	<input type="checkbox"/> (MDC1:COND3)	<input type="checkbox"/> (MDC1:COND3)	(Anemia) Other Anemia
<input type="checkbox"/> (MDC1:COND4)	<input type="text" value="MDC1:CND4YR"/>	<input type="checkbox"/> (MDC1:COND4)	<input type="checkbox"/> (MDC1:COND4)	(Anemia) Acute Splenic Sequestration
<input type="checkbox"/> (MDC1:COND5)	<input type="text" value="MDC1:CND5YR"/>	<input type="checkbox"/> (MDC1:COND5)	<input type="checkbox"/> (MDC1:COND5)	(Cardiac) Cardiomyopathy
<input type="checkbox"/> (MDC1:COND6)	<input type="text" value="MDC1:CND6YR"/>	<input type="checkbox"/> (MDC1:COND6)	<input type="checkbox"/> (MDC1:COND6)	(Cardiac) Hypertension
<input type="checkbox"/> (MDC1:COND7)	<input type="text" value="MDC1:CND7YR"/>	<input type="checkbox"/> (MDC1:COND7)	<input type="checkbox"/> (MDC1:COND7)	(Cardiac) Mitral Valve Prolapse
<input type="checkbox"/> (MDC1:COND8)	<input type="text" value="MDC1:CND8YR"/>	<input type="checkbox"/> (MDC1:COND8)	<input type="checkbox"/> (MDC1:COND8)	(Cardiac) Myocardial Infarction
<input type="checkbox"/> (MDC1:COND9)	<input type="text" value="MDC1:CND9YR"/>	<input type="checkbox"/> (MDC1:COND9)	<input type="checkbox"/> (MDC1:COND9)	(CNS) Seizure
<input type="checkbox"/> (MDC1:COND10)	<input type="text" value="MDC1:CND10YR"/>	<input type="checkbox"/> (MDC1:COND10)	<input type="checkbox"/> (MDC1:COND10)	(CNS) Stroke-Hemorrhagic

<input type="checkbox"/> (MDC1:COND11)	<input type="checkbox"/> MDC1:CND11YR	<input type="checkbox"/> (MDC1:COND11)	<input type="checkbox"/> (MDC1:COND11)	(CNS) Stroke-Infarctive
<input type="checkbox"/> (MDC1:COND12)	<input type="checkbox"/> MDC1:CND12YR	<input type="checkbox"/> (MDC1:COND12)	<input type="checkbox"/> (MDC1:COND12)	(CNS) Stroke-Silent Cerebral Infact
<input type="checkbox"/> (MDC1:COND13)	<input type="checkbox"/> MDC1:CND13YR	<input type="checkbox"/> (MDC1:COND13)	<input type="checkbox"/> (MDC1:COND13)	(CNS) Elevated Transcranial Doppler (TCD) Velocities
<input type="checkbox"/> (MDC1:COND14)	<input type="checkbox"/> MDC1:CND14YR	<input type="checkbox"/> (MDC1:COND14)	<input type="checkbox"/> (MDC1:COND14)	(CNS) Transient Ischemic Attack (TIA)
<input type="checkbox"/> (MDC1:COND15)	<input type="checkbox"/> MDC1:CND15YR	<input type="checkbox"/> (MDC1:COND15)	<input type="checkbox"/> (MDC1:COND15)	(GI/Hepatobiliary) Cholecystitis
<input type="checkbox"/> (MDC1:COND16)	<input type="checkbox"/> MDC1:CND16YR	<input type="checkbox"/> (MDC1:COND16)	<input type="checkbox"/> (MDC1:COND16)	(GI/Hepatobiliary) Cholelithiasis/Sludge
<input type="checkbox"/> (MDC1:COND17)	<input type="checkbox"/> MDC1:CND17YR	<input type="checkbox"/> (MDC1:COND17)	<input type="checkbox"/> (MDC1:COND17)	(GI/Hepatobiliary) Hepatic Sequestration
<input type="checkbox"/> (MDC1:COND18)	<input type="checkbox"/> MDC1:CND18YR	<input type="checkbox"/> (MDC1:COND18)	<input type="checkbox"/> (MDC1:COND18)	(GI/Hepatobiliary) Intrahepatic Cholestasis
<input type="checkbox"/> (MDC1:COND19)	<input type="checkbox"/> MDC1:CND19YR	<input type="checkbox"/> (MDC1:COND19)	<input type="checkbox"/> (MDC1:COND19)	(GI/Hepatobiliary) Pancreatitis
<input type="checkbox"/> (MDC1:COND20)	<input type="checkbox"/> MDC1:CND20YR	<input type="checkbox"/> (MDC1:COND20)	<input type="checkbox"/> (MDC1:COND20)	(GI/Hepatobiliary) Viral Hepatitis
<input type="checkbox"/> (MDC1:COND21)	<input type="checkbox"/> MDC1:CND21YR	<input type="checkbox"/> (MDC1:COND21)	<input type="checkbox"/> (MDC1:COND21)	(Muscular, Skeletal, Skin) Avascular Necrosis
<input type="checkbox"/> (MDC1:COND22)	<input type="checkbox"/> MDC1:CND22YR	<input type="checkbox"/> (MDC1:COND22)	<input type="checkbox"/> (MDC1:COND22)	(Muscular, Skeletal, Skin) Dactylitis (Hand Foot Syndrome)
<input type="checkbox"/> (MDC1:COND23)	<input type="checkbox"/> MDC1:CND23YR	<input type="checkbox"/> (MDC1:COND23)	<input type="checkbox"/> (MDC1:COND23)	(Muscular, Skeletal, Skin) Leg Ulcers
<input type="checkbox"/> (MDC1:COND24)	<input type="checkbox"/> MDC1:CND24YR	<input type="checkbox"/> (MDC1:COND24)	<input type="checkbox"/> (MDC1:COND24)	(Muscular, Skeletal, Skin) Osteomyelitis (Acute or Chronic)
<input type="checkbox"/> (MDC1:COND25)	<input type="checkbox"/> MDC1:CND25YR	<input type="checkbox"/> (MDC1:COND25)	<input type="checkbox"/> (MDC1:COND25)	(Ocular) Retinopathy
<input type="checkbox"/> (MDC1:COND26)	<input type="checkbox"/> MDC1:CND26YR	<input type="checkbox"/> (MDC1:COND26)	<input type="checkbox"/> (MDC1:COND26)	(Pain) Acute Multi-organ Failure
<input type="checkbox"/> (MDC1:COND27)	<input type="checkbox"/> MDC1:CND27YR	<input type="checkbox"/> (MDC1:COND27)	<input type="checkbox"/> (MDC1:COND27)	(Pain) Neuropathy (Neuropathic Pain)
<input type="checkbox"/> (MDC1:COND28)	<input type="checkbox"/> MDC1:CND28YR	<input type="checkbox"/> (MDC1:COND28)	<input type="checkbox"/> (MDC1:COND28)	(Pain) Sickle Cell Pain
<input type="checkbox"/> (MDC1:COND29)	<input type="checkbox"/> MDC1:CND29YR	<input type="checkbox"/> (MDC1:COND29)	<input type="checkbox"/> (MDC1:COND29)	(Pulmonary) Acute Chest Syndrome

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|--|---------------------------------------|--|--|--|
| <input type="checkbox"/> (MDC1:COND30) | <input type="checkbox"/> MDC1:CND30YR | <input type="checkbox"/> (MDC1:COND30) | <input type="checkbox"/> (MDC1:COND30) | (Pulmonary) Chronic Obstructive Lung Disease             |
| <input type="checkbox"/> (MDC1:COND31) | <input type="checkbox"/> MDC1:CND31YR | <input type="checkbox"/> (MDC1:COND31) | <input type="checkbox"/> (MDC1:COND31) | (Pulmonary) Chronic Restrictive Lung Disease             |
| <input type="checkbox"/> (MDC1:COND32) | <input type="checkbox"/> MDC1:CND32YR | <input type="checkbox"/> (MDC1:COND32) | <input type="checkbox"/> (MDC1:COND32) | (Pulmonary) Pulmonary Embolism                           |
| <input type="checkbox"/> (MDC1:COND33) | <input type="checkbox"/> MDC1:CND33YR | <input type="checkbox"/> (MDC1:COND33) | <input type="checkbox"/> (MDC1:COND33) | (Pulmonary) Pulmonary Hypertension                       |
| <input type="checkbox"/> (MDC1:COND34) | <input type="checkbox"/> MDC1:CND34YR | <input type="checkbox"/> (MDC1:COND34) | <input type="checkbox"/> (MDC1:COND34) | (Pulmonary) Persistent Reactive Airways Disease (Asthma) |
| <input type="checkbox"/> (MDC1:COND35) | <input type="checkbox"/> MDC1:CND35YR | <input type="checkbox"/> (MDC1:COND35) | <input type="checkbox"/> (MDC1:COND35) | (Renal/Genitourinary) Acute Renal Failure                |
| <input type="checkbox"/> (MDC1:COND36) | <input type="checkbox"/> MDC1:CND36YR | <input type="checkbox"/> (MDC1:COND36) | <input type="checkbox"/> (MDC1:COND36) | (Renal/Genitourinary) Chronic Renal Insufficiency        |
| <input type="checkbox"/> (MDC1:COND37) | <input type="checkbox"/> MDC1:CND37YR | <input type="checkbox"/> (MDC1:COND37) | <input type="checkbox"/> (MDC1:COND37) | (Renal/Genitourinary) Hematuria                          |
| <input type="checkbox"/> (MDC1:COND38) | <input type="checkbox"/> MDC1:CND38YR | <input type="checkbox"/> (MDC1:COND38) | <input type="checkbox"/> (MDC1:COND38) | (Renal/Genitourinary) Priapism                           |
| <input type="checkbox"/> (MDC1:COND39) | <input type="checkbox"/> MDC1:CND39YR | <input type="checkbox"/> (MDC1:COND39) | <input type="checkbox"/> (MDC1:COND39) | (Renal/Genitourinary) Proteinuria/Nephrotic Syndrome     |
| <input type="checkbox"/> (MDC1:COND40) | <input type="checkbox"/> MDC1:CND40YR | <input type="checkbox"/> (MDC1:COND40) | <input type="checkbox"/> (MDC1:COND40) | (Renal/Genitourinary) Pyelonephritis                     |
| <input type="checkbox"/> (MDC1:COND41) | <input type="checkbox"/> MDC1:CND41YR | <input type="checkbox"/> (MDC1:COND41) | <input type="checkbox"/> (MDC1:COND41) | (Splenic) Splenic Infarction                             |
| <input type="checkbox"/> (MDC1:COND42) | <input type="checkbox"/> MDC1:CND42YR | <input type="checkbox"/> (MDC1:COND42) | <input type="checkbox"/> (MDC1:COND42) | (Splenic) Chronic Hypersplenism                          |
| <input type="checkbox"/> (MDC1:COND43) | <input type="checkbox"/> MDC1:CND43YR | <input type="checkbox"/> (MDC1:COND43) | <input type="checkbox"/> (MDC1:COND43) | (Transfusions/Iron Overload) Transfusional Hemosiderosis |
| <input type="checkbox"/> (MDC1:COND44) | <input type="checkbox"/> MDC1:CND44YR | <input type="checkbox"/> (MDC1:COND44) | <input type="checkbox"/> (MDC1:COND44) | Bacteremia/Sepsis/Meningitis                             |

Comments for page:

MDC1:COMTXT	
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