

Comprehensive Sickle Cell Centers	Medical History Form Part I	Page: {section.pageNumber}
Collaborative Data Project	Date Form Completed: <input type="text" value="PROD:COMPDA"/> / <input type="text" value="PROD:COMPMO"/> / <input type="text" value="PROD:COMPYR"/> DD MMM YYYY Form Completed by: <input type="text" value="PROD:COMPINT"/>	CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}

For Provider use only:

Based on social or psychological factors, or clinical attendance or scheduled visit compliance, would you exclude this patient from participation in a clinical trial?

- Would exclude, or probably would exclude (PROD:EXCLUDE)
- (PROD:EXCLUDE) Would not exclude, or probably would not exclude
- (PROD:EXCLUDE) Not sure

Check only one:

- (PROD:MEDINFO) Information for this medical history was obtained totally from chart abstraction and medical records.
- (PROD:MEDINFO) Some information was provided by the patient (or parent/guardian of the patient).

Please check the pages that include information provided by the patient (or parent/guardian of the patient): (check all that apply)

- (PROD:PAGE1) Page 1 specify:
- (PROD:SURGHX) Surgical History (page 2)
- (PROD:MEDCOND) Medical Conditions (pages 3 and 4)
- (PROD:SELMED) Selected Medications (page 5)
- (PROD:TRANHX) Transfusion History (page 6a)
- (PROD:TPLAN) Transplants (page 6b)
- (PROD:RBCANTI) RBC antibodies (page 7)
- (PROD:DIAGTST) Selected Diagnostic Tests (page 7)
- (PROD:LABTST) Selected Lab Tests (page 8)
- (PROD:HOSPADM) Hospital Admissions (page 9)

Comments for page:

Submit Query

Cancel

Form Completion Help

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