Comprehensive Sickle Cell Centers	Medical History Form Part I Selected Medications	Page: {section.pageNumber}
Collaborative Data Project	Date Form Completed: SMED:COMPDA (DD) / SMED:COMPMO (MMM) / SMED:COMPYR (YYYY) Form Completed by: SMED:COMPINT	CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}

From the list below, record all medications used by the patient in the **past year** and **prior to the past year.**

Medications	In the Past Year			Prior to the Past Year			Specify
	Yes	No	Unk	Yes	No	Unk	
Hydroxyurea	☐ (SMED:HYDROPY)	☐ (SMED:HYDROPY)	☐ (SMED:HYDROPY)	☐ (SMED:HYDROPR)	☐ (SMED:HYDROPR)	☐ (SMED:HYDROPR)	
Other Anti-Sickling Agents	☐ (SMED:ANTISPY)	☐ (SMED:ANTISPY)	☐ (SMED:ANTISPY)	☐ (SMED:ANTISPR)	☐ (SMED:ANTISPR)	☐ (SMED:ANTISPR)	Past year: SMED:ANTISS1 Prior to past year: SMED:ANTISS2
Prophylactic Penicillin, other Prophylactic Antibiotics	☐ (SMED:PROPPY)	☐ (SMED:PROPPY)	☐ (SMED:PROPPY)	☐ (SMED:PROPPR)	☐ (SMED:PROPPR)	☐ (SMED:PROPPR)	
Desferal	☐ (SMED:DESFPY)	☐ (SMED:DESFPY)	☐ (SMED:DESFPY)	☐ (SMED:DESFPR)	☐ (SMED:DESFPR)	☐ (SMED:DESFPR)	
Oral iron chelator (i.e., Exjade/Deferasirox)	☐ (SMED:IRONPY)	☐ (SMED:IRONPY)	☐ (SMED:IRONPY)	☐ (SMED:IRONPR)	☐ (SMED:IRONPR)	☐ (SMED:IRONPR)	
Oxygen at home	☐ (SMED:OXYGPY)	☐ (SMED:OXYGPY)	☐ (SMED:OXYGPY)	☐ (SMED:OXYGPR)	☐ (SMED:OXYGPR)	☐ (SMED:OXYGPR)	
Antidepressants	☐ (SMED:ANTIDPY)	☐ (SMED:ANTIDPY)	☐ (SMED:ANTIDPY)	☐ (SMED:ANTIDPR)	☐ (SMED:ANTIDPR)	☐ (SMED:ANTIDPR)	Past year: SMED:ANTIDS1 Prior to past year: SMED:ANTIDS2
Anticonvulsants	☐ (SMED:ANTICPY)	☐ (SMED:ANTICPY)	☐ (SMED:ANTICPY)	☐ (SMED:ANTICPR)	☐ (SMED:ANTICPR)	☐ (SMED:ANTICPR)	Past year: SMED:ANTICS1 Prior to past year: SMED:ANTICS2
Narcotics Daily, 30+ days	☐ (SMED:NARCPY)	☐ (SMED:NARCPY)	☐ (SMED:NARCPY)	☐ (SMED:NARCPR)	☐ (SMED:NARCPR)	☐ (SMED:NARCPR)	


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