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

## **Surgical History** To the best of your knowledge, has this patient ever had a ... (If the patient has had the same surgery more than once, please record the most recent procedure.) Yes Year No Unknown Tonsillectomy/Adenoidectomy ☐ (SURG:TONSL) $\square$ (SURG:TONSL) $\square$ (SURG:TONSL) SURG: TONSLYR ☐(SURG:TONSLFR)1 Time ☐(SURG:TONSLFR)>1 Time Splenectomy ☐ (SURG:SPLEN) SURG:SPLENYR ☐ (SURG:SPLEN) ☐ (SURG:SPLEN) Cholecystectomy ☐ (SURG:CHOL) SURG: CHOLYR ☐ (SURG:CHOL) ☐ (SURG:CHOL) Hip Core Procedure ☐ (SURG:HIPCO) ☐ (SURG:HIPCO) ☐ (SURG:HIPCO) SURG: HIPCOYR Hip Replacement ☐ (SURG:HIPR) SURG: HIPRYR ☐ (SURG:HIPR) ☐ (SURG:HIPR) ☐(SURG:HIPRFR)1 Time ☐(SURG:HIPRFR)>1 Time Laser Procedure of the Eye(s) ☐ (SURG:LASER) SURG: LASERYR ☐ (SURG:LASER) ☐ (SURG:LASER) Vitrectomy ☐ (SURG:VITRE) SURG: VITREYR □ (SURG:VITRE) ☐ (SURG:VITRE) Insertion of a Permanent Indwelling Line ☐ (SURG:PLINE) SURG: PLINEYR □ (SURG:PLINE) ☐ (SURG:PLINE) ☐(SURG:PLINEFR)1 Time ☐(SURG:PLINEFR)>1 Time Removal of a Permanent Indwelling Line ☐ (SURG:RPLINE) SURG:RPLINYR ☐ (SURG:RPLINE) ☐ (SURG:RPLINE) ☐(SURG:RPLINFR)1 Time ☐(SURG:RPLINFR)>1 Time Other, specify SURG:SURG1SP SURG:SURG1YR Other, specify SURG:SURG2SP SURG:SURG2YR Other, specify SURG:SURG3SP SURG:SURG3YR Comments for page:

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SURG: COMTXT	

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