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

This report covers the following period: **Start date:** {STARTDT} through **End date:** {ENDDT}

Surgical History

To the best of your knowledge, has this patient had any of the following surgical procedures during the report period?

(If the patient has had the same surgery more than once, please record the most recent procedure.)

	Yes	Procedure Date (dd/mmm/yyyy)	No	Unknown
Tonsillectomy/Adenoidectomy ☐ (AFSG:TONSLFR) 1 Time ☐ (AFSG:TONSLFR) >1 Time	☐ (AFSG:TONSL)	AFSG:SG1DA / AFSG:SG1MO / AFSG:SG1YR	☐ (AFSG:TONSL)	☐ (AFSG:TONSL)
Splenectomy	☐ (AFSG:SPLEN)	AFSG:SG2DA / AFSG:SG2MO / AFSG:SG2YR	☐ (AFSG:SPLEN)	☐ (AFSG:SPLEN)
Cholecystectomy	☐ (AFSG:CHOL)	AFSG:SG3DA / AFSG:SG3MO / AFSG:SG3YR	☐ (AFSG:CHOL)	☐ (AFSG:CHOL)
Hip Core Procedure	☐ (AFSG:HIPCO)	AFSG:SG4DA / AFSG:SG4MO / AFSG:SG4YR	☐ (AFSG:HIPCO)	☐ (AFSG:HIPCO)
Hip Replacement ☐ (AFSG:HIPRFR) 1 Time ☐ (AFSG:HIPRFR) >1 Time	☐ (AFSG:HIPR)	AFSG:SG5DA / AFSG:SG5MO / AFSG:SG5YR	☐ (AFSG:HIPR)	☐ (AFSG:HIPR)
Laser Procedure of the Eye(s)	☐ (AFSG:LASER)	AFSG:SG6DA / AFSG:SG6MO / AFSG:SG6YR	☐ (AFSG:LASER)	☐ (AFSG:LASER)

Vitrectomy	☐ (AFSG:VITRE)	AFSG:SG7DA / AFSG:SG7MO / AFSG:SG7YR	☐ (AFSG:VITRE)	☐ (AFSG:VITRE)
Insertion of a Permanent Indwelling Line	☐ (AFSG:PLINE)	AFSG:SG8DA / AFSG:SG8MO / AFSG:SG8YR	☐ (AFSG:PLINE)	☐ (AFSG:PLINE)
Removal of a Permanent Indwelling Line	☐ (AFSG:RPLINE)	AFSG:SG9DA / AFSG:SG9MO / AFSG:SG9YR	☐ (AFSG:RPLINE)	☐ (AFSG:RPLINE)
Other, specify AFSG:OTH1SP		AFSG:OTH1DA / AFSG:OTH1MO / AFSG:OTH1YR		
Other, specify AFSG:OTH2SP		AFSG:OTH2DA / AFSG:OTH2MO / AFSG:OTH2YR		
Other, specify AFSG:OTH3SP		AFSG:OTH3DA / AFSG:OTH3MO / AFSG:OTH3YR		

Comments for page:

AFSG:COMTXT

Submit Query | Cancel | Form Completion Help | Print