

Optimizing Primary Stroke Prevention in Children with Sickle Cell Anemia Patient Roster for STOP II

1.	Patient ID:	_____
2.	Acrostic:	_____
3.	Line number:	____
4.	Date of birth:	____/____/____
5.	Gender:	1. FEMALE 2. MALE
6.	Hemoglobin Diagnosis:	1. SS 2. HbS β^0 Thalassemia
7.	Has diagnosis been confirmed?	1. NO 2. YES
8.	Are there other siblings on the roster?	1. NO 2. YES
	a. Sibling ID #1:	_____
	b. Sibling ID #2:	_____
	c. Sibling ID #3:	_____
	d. Sibling ID #4:	_____
9.	Is patient expected to be screened in STOP II?	1. NO, NOT ELIGIBLE 2. NO 3. YES
10.	Is the patient on transfusion for primary stroke prevention?	1. NO 2. YES
11.	Begin Date of transfusions:	____/____/____
12.	End Date of transfusions:	____/____/____
13.	Old STOP ID number of patient:	_____
15.	Did patient enroll as a Potential patient?	1. NO 2. YES
16.	Did patient discontinue f/u as a Potential patient?	1. NO 2. YES
	a. Date discontinued:	____/____/____
	b. Reason discontinued:	_____
17.	Comments: _____	