



Historical Procedures Form

Subject ID

	Type of Procedure	Response	Date of Most Recent Procedure
1.	Was a liver biopsy ever done? 1a. If yes, what was the reason for the procedure? _____ 1b. What was the result/diagnosis? <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, specify _____	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____/_____/_____ Month Day Year
2.	Was an MRI of the liver ever done? 2a. If yes, what was the reason for the procedure? _____ 2b. If yes, what was the MRI method? <input type="checkbox"/> R2* <input type="checkbox"/> T2* 2c. What was the liver iron content (LIC)? _____ mg Fe/g dry weight	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____/_____/_____ Month Day Year
3.	Was a cardiac MRI ever done? 1a. If yes, what was the reason for the procedure? _____ 1b. What was the result/diagnosis? <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, specify _____	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____/_____/_____ Month Day Year
4.	Was a cardiac ECHO ever done? <i>If yes, complete the Cardiac Procedures Form</i>	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____/_____/_____ Month Day Year
5.	Was a cardiac EKG ever done? <i>If yes, complete the Supplemental Cardiac Procedures Form</i>	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____/_____/_____ Month Day Year
6.	Was a cardiac catheterization ever done? <i>If yes, complete the Supplemental Cardiac Procedures Form</i>	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____/_____/_____ Month Day Year
7.	Was an MRI of the brain ever done? 7a. If yes, what was the reason for the procedure? _____ 7b. What was the result/diagnosis? <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, specify _____	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____/_____/_____ Month Day Year
8.	Was a transcranial doppler (TCD) ever done? 8a. If yes, what was the reason for the procedure? _____ 8b. What was the result/diagnosis? <input type="checkbox"/> Normal <input type="checkbox"/> Conditional <input type="checkbox"/> Abnormal, specify _____	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____/_____/_____ Month Day Year
9.	Was imaging of the spleen ever done? 9a. If yes, what was the reason for the procedure? _____ 9b. What type of imaging was done? <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> ECHO 9c. What was the result/diagnosis? <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, specify _____	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____/_____/_____ Month Day Year
10.	Was a pulmonary function test (PFT) ever done? 10a. If yes, what was the reason for the procedure? _____ 10b. What was the result/diagnosis? <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, specify _____	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____/_____/_____ Month Day Year