

Acute Care Visits

Subject ID _____

Complete all admissions or visits the subject had to the ED/EDTR, ICU, Hospital or infusion center since the REAL Answers consent of [administrative_arm_1][p1f6q01_2].

Acute care visit #1

Reason

- Pain crisis
- Acute chest syndrome
- Pneumonia
- TIA/Stroke
- Pregnancy-related
- Labor and delivery
- Procedure
- Surgery
- Other

Other reason _____

Date of Visit or Admission _____

	ED	ICU	Hospitalization	Acute/Urgent Care Center	Infusion Center	Other
Event type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other event type _____

Hospital discharge date _____

Acute care visit #2

Reason

- Pain crisis
- Acute chest syndrome
- Pneumonia
- TIA/Stroke
- Pregnancy-related
- Labor and delivery
- Procedure
- Surgery
- Other

Other reason _____

Date of Visit or Admission _____

	ED	ICU	Hospitalization	Acute/Urgent Care Center	Infusion Center	Other