

S34r0 Hospitalization Form

Ad Hoc Event ID _____

Visit Date (yyyy/mm/dd): _____

Correction: Yes
 No

1. Date of Admission (yyyy/mm/dd): _____

2. Reason for admission (answer each item):

2A. Acute chest syndrome Yes
 No

2B. Asthma Yes
 No

2C. Osteomyelitis or osteonecrosis Yes
 No

2D. Chelation therapy Yes
 No

2E. Congestive heart failure Yes
 No

2F. Eye problems Yes
 No

2G. Gall bladder and liver disease Yes
 No

2H. Infection Yes
 No

2I. Pain Yes
 No

2J. Priapism Yes
 No

2K. Renal failure Yes
 No

2L. Skin ulcers Yes
 No

2M. Splenic sequestration Yes
 No

2N. Stroke Yes
 No

2O. Surgery Yes
 No

2P. Transfusion Reaction Yes
 No

2Q. Transient red cell aplasia Yes
 No

2R. Other

Yes

No

2R-1. If Other, specify:

Scan a copy of the discharge summary and save it on your computer, and then upload it to REDCap in #3 below. If you do not have access to a scanner, fax the discharge summary to the Statistical Data Center (Pat Morris/Len Haertter) at (314) 362-0231.

Staff I.D. #:
