

<div style="border: 1px solid black; width: 200px; height: 40px; margin: 10px; display: flex; align-items: center;"> <span style="font-size: 12px; color: red; margin-right: 5px;">✖</span> <span style="font-size: 12px; color: red;">Logo</span> </div>	<h1 style="margin: 0;">Medical History</h1> <h2 style="margin: 0;">Part 1: Diagnosis, Transfusion, Reproductive &amp; Social Histories</h2>	<p style="font-size: 18px; margin: 0;">{visit.label}</p>
<p>Date of Assessment: <input style="width: 60px;" type="text" value="MDX1:ASMTDA"/> / <input style="width: 60px;" type="text" value="MDX1:ASMTMO"/> / <input style="width: 60px;" type="text" value="MDX1:ASMTYR"/></p> <p style="text-align: center; margin-left: 40px;">Day                      Month                      Year</p>		<p style="font-size: 18px; margin: 0;">ID: {ID}</p>

**A. Study Diagnosis History**

1. Sickle Cell Genotype:  (MDX1:SCGENO)  $S_B^0$  (thalassemia)  
 (MDX1:SCGENO)  $S_B^+$  (thalassemia)  
 (MDX1:SCGENO)  $S_B^{(thalassemia)}$ , not otherwise specified  
 (MDX1:SCGENO) SC  
 (MDX1:SCGENO) SD  
 (MDX1:SCGENO) SS  
 (MDX1:SCGENO) Other, specify:

2. Pulmonary hypertension, date of diagnosis:  /  /   (MDX1:PHNA) Not applicable  

Day                      Month                      Year

**B. Transfusion History**

1. Total number of transfusions in lifetime:  (MDX1:TRANTOT) 0     (MDX1:TRANTOT) 1-5     (MDX1:TRANTOT) 6-20     (MDX1:TRANTOT) 21-100     (MDX1:TRANTOT) >100
2. Is subject on chronic transfusion therapy?  (MDX1:THRPHY) No     (MDX1:THRPHY) Yes  
 If Yes, date started:  /  /   

Day                      Month                      Year

**If subject has had transfusion:**

3. Date of last transfusion:  /  /   

Day                      Month                      Year

4. Type of transfusion:  (MDX1:TRANPTY) Simple     (MDX1:TRANPTY) Exchange     (MDX1:TRANPTY) Other

5. Number of units transfused:

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6. Previous transfusion reactions:

- (MDX1:REAC1) None
- (MDX1:REAC2) Allergic (fever, urticaria, chills, etc.)
- (MDX1:REAC3) Alloimmunization (antibodies to transfused red cells)
- (MDX1:REAC4) Febrile (fever, chills)
- (MDX1:REAC5) Hemolytic
- (MDX1:REACOTH) Other, specify:

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### C. Reproductive History, Female (MDX1:NOTAPP) Not Applicable

1. Status:  (MDX1:STATUS) Pre-menarche

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(MDX1:STATUS) Post-menarche/pre-menopausal, specify:

Age of menarche:

Cycle length:  days

Is cycle regular?  (MDX1:REGULAR) No  (MDX1:REGULAR) Yes

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(MDX1:STATUS) Post-menopausal, specify:

Age of menarche:

Age at onset of menopause:

Last menstrual period:  /   
Month Year

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2. Number of pregnancies (if female):

3. Number of live births (if female):

### D. Social History

1. Smoking History:

- (MDX1:SMK) None
- (MDX1:SMK) Current smoker
- (MDX1:SMK) Former smoker

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If Current or Former smoker:

Year started:

Maximum packs/day:

Year stopped  
(if Former smoker):

2. Alcohol History:
- (MDX1:ALC) None
  - (MDX1:ALC) Currently drink alcohol
  - (MDX1:ALC) Formerly drank alcohol
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If Formerly drank or Currently drink alcohol:

Maximum drinks/week:

3. Drug Use History:
- (MDX1:DRUG) None
  - (MDX1:DRUG) Current drug use
  - (MDX1:DRUG) Former drug use

If Former or Current drug use, specify:

- (MDX1:AMP) Amphetamines
- (MDX1:COC) Cocaine
- (MDX1:HER) Heroin
- (MDX1:MAR) Marijuana
- (MDX1:DRGOTH) Other, specify:

## E. Data Collection

1. Indicate how the information reported on this form was collected:
- (MDX1:COLL) All or most per subject (or parent) report only; not confirmed via medical record
  - (MDX1:COLL) All or most confirmed via medical record
  - (MDX1:COLL) Other, specify:

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