



Medical History

Part 2: Surgical & Disease Histories

ID: {visit.label}

Date of Assessment: / /
 Day Month Year

A. Surgical History

Has the subject had any of the following surgical procedures?

(If the subject has had the same surgery more than once, record the year of the most recent and provide details in Comment field.)

Procedure	No	Yes	Unknown	Year Performed	Comment/Complications
1. Tonsillectomy/Adenoidectomy	<input type="checkbox"/> (MDX2:TON)	<input type="checkbox"/> (MDX2:TON)	<input type="checkbox"/> (MDX2:TON)	<input type="text" value="MDX2:TON_YR"/>	<input type="text" value="MDX2:TON_C"/>
2. Splenectomy	<input type="checkbox"/> (MDX2:SPL)	<input type="checkbox"/> (MDX2:SPL)	<input type="checkbox"/> (MDX2:SPL)	<input type="text" value="MDX2:SPL_YR"/>	<input type="text" value="MDX2:SPL_C"/>
3. Cholecystectomy	<input type="checkbox"/> (MDX2:CHL)	<input type="checkbox"/> (MDX2:CHL)	<input type="checkbox"/> (MDX2:CHL)	<input type="text" value="MDX2:CHL_YR"/>	<input type="text" value="MDX2:CHL_C"/>
4. Hip Core Procedure	<input type="checkbox"/> (MDX2:HCP)	<input type="checkbox"/> (MDX2:HCP)	<input type="checkbox"/> (MDX2:HCP)	<input type="text" value="MDX2:HCP_YR"/>	<input type="text" value="MDX2:HCP_C"/>
5. Hip Replacement	<input type="checkbox"/> (MDX2:HR)	<input type="checkbox"/> (MDX2:HR)	<input type="checkbox"/> (MDX2:HR)	<input type="text" value="MDX2:HR_YR"/>	<input type="text" value="MDX2:HR_C"/>
6. Laser Procedure of the Eye(s)	<input type="checkbox"/> (MDX2:LPE)	<input type="checkbox"/> (MDX2:LPE)	<input type="checkbox"/> (MDX2:LPE)	<input type="text" value="MDX2:LPE_YR"/>	<input type="text" value="MDX2:LPE_C"/>
7. Vitrectomy	<input type="checkbox"/> (MDX2:VIT)	<input type="checkbox"/> (MDX2:VIT)	<input type="checkbox"/> (MDX2:VIT)	<input type="text" value="MDX2:VIT_YR"/>	<input type="text" value="MDX2:VIT_C"/>
8. Insertion of a Permanent Indwelling Line	<input type="checkbox"/> (MDX2:IPL)	<input type="checkbox"/> (MDX2:IPL)	<input type="checkbox"/> (MDX2:IPL)	<input type="text" value="MDX2:IPL_YR"/>	<input type="text" value="MDX2:IPL_C"/>
9. Removal of a Permanent Indwelling Line	<input type="checkbox"/> (MDX2:RPL)	<input type="checkbox"/> (MDX2:RPL)	<input type="checkbox"/> (MDX2:RPL)	<input type="text" value="MDX2:RPL_YR"/>	<input type="text" value="MDX2:RPL_C"/>
10. Penile Implant	<input type="checkbox"/> (MDX2:PEN)	<input type="checkbox"/> (MDX2:PEN)	<input type="checkbox"/> (MDX2:PEN)	<input type="text" value="MDX2:PEN_YR"/>	<input type="text" value="MDX2:PEN_C"/>
11. Other		<input type="checkbox"/> (MDX2:SUR_OTH)			

If Other is **Yes**, add a Surgery Record for each additional procedure:

(If the subject has had the same surgery more than once, record the year of the most recent and provide details in Comment field.)

Procedure	Year Performed	Comment/Complications	Remove
<input type="text" value="MXSG:PROC"/>	<input type="text" value="MXSG:PROC_YR"/>	<input type="text" value="MXSG:PROC_C"/>	<input type="button" value="Remove"/>

B. Diseases/Disorders/Ailments History

Does the subject report having now or in the past any of the following?
(Check all that apply)

	No	Yes
Muscle, Bone or Joint Problems If Yes , check all that apply:	<input type="checkbox"/> (MDX2:MBJ)	<input type="checkbox"/> (MDX2:MBJ)
1. Hip complications		<input type="checkbox"/> (MDX2:M_HIP)
2. Was the hip complication avascular necrosis?		<input type="checkbox"/> (MDX2:M_AVH)
3. Shoulder complication		<input type="checkbox"/> (MDX2:M_SHL)
4. Was the shoulder complication avascular necrosis?		<input type="checkbox"/> (MDX2:M_AVS)
5. Dactylitis (Hand Foot Syndrome)		<input type="checkbox"/> (MDX2:M_DAC)
6. Leg ulcers		<input type="checkbox"/> (MDX2:M_ULC)
7. Osteomyelitis (acute or chronic)/Bone marrow infection		<input type="checkbox"/> (MDX2:M_OMY)
8. Osteopenia ("thin bones")		<input type="checkbox"/> (MDX2:M_OSP)
9. Other, specify: <input type="text" value="MDX2:M_OTSP"/>		<input type="checkbox"/> (MDX2:M_OTH)
10. Subject unsure what problem is/was		<input type="checkbox"/> (MDX2:M_UNSU)
	No	Yes
Heart Problems If Yes , check all that apply:	<input type="checkbox"/> (MDX2:HEART)	<input type="checkbox"/> (MDX2:HEART)
11. Heart failure		<input type="checkbox"/> (MDX2:H_FAIL)
12. Heart attack		<input type="checkbox"/> (MDX2:H_ATK)
13. Arrhythmia or prolonged irregular heart beats		<input type="checkbox"/> (MDX2:H_ARH)
14. Enlarged (big) heart		<input type="checkbox"/> (MDX2:H_ENL)
15. Cardiomyopathy or "weak heart"		<input type="checkbox"/> (MDX2:H_CMY)
16. Heart valve problems		<input type="checkbox"/> (MDX2:H_HVP)
17. High blood pressure/hypertension		<input type="checkbox"/> (MDX2:H_HYP)
18. Other, specify: <input type="text" value="MDX2:H_OTSP"/>		<input type="checkbox"/> (MDX2:H_OTH)
19. Subject unsure what problem is/was		<input type="checkbox"/> (MDX2:H_UNSU)
	No	Yes
Kidney/Urinary/Genital Problems If Yes , check all that apply:	<input type="checkbox"/> (MDX2:KIDNEY)	<input type="checkbox"/> (MDX2:KIDNEY)
20. Chronic renal (kidney) failure		<input type="checkbox"/> (MDX2:K_CRF)
21. Pyelonephritis or infection in the kidney		<input type="checkbox"/> (MDX2:K_PYL)
22. Acute renal (kidney) failure		<input type="checkbox"/> (MDX2:K_ARF)
23. Chronic Renal Insufficiency		<input type="checkbox"/> (MDX2:K_CRI)
24. Erectile Dysfunction or impotence		<input type="checkbox"/> (MDX2:K_EDI)
25. Hematuria or "blood in urine"		<input type="checkbox"/> (MDX2:K_HEM)
26. Priapism or painful prolonged penile erection		<input type="checkbox"/> (MDX2:K_PRI)
27. Proteinuria or Nephrotic Syndrome/"protein or albumin in the urine"		<input type="checkbox"/> (MDX2:K_PROT)
29. Other, specify: <input type="text" value="MDX2:K_OTSP"/>		<input type="checkbox"/> (MDX2:K_OTH)
30. Subject unsure what problem is/was		<input type="checkbox"/> (MDX2:K_UNSU)
	No	Yes
Liver Problems		

If Yes , check all that apply:	<input type="checkbox"/> (MDX2:LIVER)	<input type="checkbox"/> (MDX2:LIVER)
31. Gallbladder disease		<input type="checkbox"/> (MDX2:L_GALL)
32. Cirrhosis of the liver/hepatic cirrhosis		<input type="checkbox"/> (MDX2:L_CIRR)
33. Liver failure/hepatic failure		<input type="checkbox"/> (MDX2:L_FAIL)
34. Liver fibrosis/hepatic fibrosis		<input type="checkbox"/> (MDX2:L_FIB)
35. Hepatitis, type A		<input type="checkbox"/> (MDX2:L_HEPA)
36. Hepatitis, type B		<input type="checkbox"/> (MDX2:L_HEPB)
37. Hepatitis, type C		<input type="checkbox"/> (MDX2:L_HEPC)
38. Hepatitis, unspecified		<input type="checkbox"/> (MDX2:L_HEPU)
39. Hepatic sequestration (suddenly enlarged and painful liver, blamed on sickle cell)		<input type="checkbox"/> (MDX2:L_SEQ)
40. Intrahepatic cholestasis/"bile sludge in the liver"		<input type="checkbox"/> (MDX2:L_IC)
41. Cholecystitis or gallbladder infection		<input type="checkbox"/> (MDX2:L_CHCY)
42. Gallstones/cholelithiasis/sludge		<input type="checkbox"/> (MDX2:L_CHLS)
43. Pancreatitis or inflammation of the pancreas		<input type="checkbox"/> (MDX2:L_PAN)
44. Transfusional hemosiderosis/"iron in the liver"		<input type="checkbox"/> (MDX2:L_TH)
45. Other, specify: <input type="text" value="MDX2:L_OTSP"/>		<input type="checkbox"/> (MDX2:L_OTH)
46. Subject unsure what problem is/was		<input type="checkbox"/> (MDX2:L_UNSU)
	No	Yes
Spleen Problems If Yes , check all that apply:	<input type="checkbox"/> (MDX2:SPLEEN)	<input type="checkbox"/> (MDX2:SPLEEN)
47. Splenic infarction		<input type="checkbox"/> (MDX2:S_INF)
48. Splenomegaly/enlarged spleen		<input type="checkbox"/> (MDX2:S_SPMG)
49. Chronic hypersplenism/ "spleen has been big for a long time; blood counts may be low because of it"		<input type="checkbox"/> (MDX2:S_HYPER)
50. Splenic sequestration (sudden enlarged spleen)		<input type="checkbox"/> (MDX2:S_SEQ)
51. Other, specify: <input type="text" value="MDX2:S_OTSP"/>		<input type="checkbox"/> (MDX2:S_OTH)
52. Subject unsure what problem is/was		<input type="checkbox"/> (MDX2:S_UNSU)
	No	Yes
Lung Disease/Problems If Yes , check all that apply:	<input type="checkbox"/> (MDX2:LUNG)	<input type="checkbox"/> (MDX2:LUNG)
53. Obstructive sleep apnea		<input type="checkbox"/> (MDX2:P_OSA)
54. Chronic lung disease		<input type="checkbox"/> (MDX2:P_CLD)
55. Asthma/wheezing/reactive airway		<input type="checkbox"/> (MDX2:P_ASTH)
56. Pneumonia/acute chest syndrome		<input type="checkbox"/> (MDX2:P_PNEU)
57. Chronic obstructive lung disease (COPD)/emphysema		<input type="checkbox"/> (MDX2:P_COPD)
58. Chronic restrictive lung disease/pulmonary fibrosis		<input type="checkbox"/> (MDX2:P_CRPD)
59. Pulmonary embolism (blood clot to the lung)		<input type="checkbox"/> (MDX2:P_PE)
60. Pulmonary hypertension		<input type="checkbox"/> (MDX2:P_PH)
61. Other, specify: <input type="text" value="MDX2:P_OTSP"/>		<input type="checkbox"/> (MDX2:P_OTH)
62. Subject unsure what problem is/was		<input type="checkbox"/> (MDX2:P_UNSU)
	No	Yes
Neurological Problems If Yes , check all that apply:	<input type="checkbox"/> (MDX2:NEURO)	<input type="checkbox"/> (MDX2:NEURO)
63. Seizure		<input type="checkbox"/> (MDX2:N_SZR)
64. Stroke – hemorrhagic "bleeding in brain"		<input type="checkbox"/> (MDX2:N_STRH)
65. Stroke – infarct "blocked blood flow to brain"		<input type="checkbox"/> (MDX2:N_STRI)

66. Stroke – a "silent stroke" seen only on CAT scan or MRI		<input type="checkbox"/> (MDX2:N_SCI)															
67. Elevated transcranial doppler (TCD) velocities		<input type="checkbox"/> (MDX2:N_TCD)															
68. Transient ischemic attack (TIA)/"temporary stroke"		<input type="checkbox"/> (MDX2:N_TIA)															
69. Aneurysm, or balloon-like swelling in blood vessels in brain		<input type="checkbox"/> (MDX2:N_ANE)															
70. Peripheral neuropathy (numbness or tingling, not due to previous stroke)		<input type="checkbox"/> (MDX2:N_NPTHY)															
71. Headache – chronic		<input type="checkbox"/> (MDX2:N_HDC)															
72. Headache – migraine		<input type="checkbox"/> (MDX2:N_HDM)															
73. Memory problems		<input type="checkbox"/> (MDX2:N_MEM)															
74. Depression		<input type="checkbox"/> (MDX2:N_DEP)															
75. Other, specify: <input type="text" value="MDX2:N_OTSP"/>		<input type="checkbox"/> (MDX2:N_OTH)															
76. Subject unsure what problem is/was		<input type="checkbox"/> (MDX2:N_UNSU)															
	No	Yes															
Blood Problems, Other Than Sickle Cell If Yes , check all that apply:	<input type="checkbox"/> (MDX2:BLOOD)	<input type="checkbox"/> (MDX2:BLOOD)															
77. Aplastic episode/red blood cell count (or all blood cells counts) severely low		<input type="checkbox"/> (MDX2:B_APL)															
78. Immune and non-immune hemolysis/hyperhemolysis		<input type="checkbox"/> (MDX2:B_HEMO)															
79. Other anemia (not related to sickle cell)		<input type="checkbox"/> (MDX2:B_ANEM)															
80. Low platelets, not due to medication		<input type="checkbox"/> (MDX2:B_LPT)															
81. Low white count, not due to medication		<input type="checkbox"/> (MDX2:B_LWBC)															
82. Other, specify: <input type="text" value="MDX2:B_OTSP"/>		<input type="checkbox"/> (MDX2:B_OTH)															
83. Subject unsure what problem is/was		<input type="checkbox"/> (MDX2:B_UNSU)															
	No	Yes															
Infections If Yes , check all that apply:	<input type="checkbox"/> (MDX2:INFECT)	<input type="checkbox"/> (MDX2:INFECT)															
84. Sepsis, "overwhelming blood infection" pneumococcal		<input type="checkbox"/> (MDX2:I_SEPP)															
85. Sepsis, "overwhelming blood infection" other than pneumococcal		<input type="checkbox"/> (MDX2:I_SEPO)															
86. Bacteremia, bacteria in bloodstream (often associated with indwelling catheters)		<input type="checkbox"/> (MDX2:I_BACT)															
87. Meningitis		<input type="checkbox"/> (MDX2:I_MEN)															
88. Other, specify: <input type="text" value="MDX2:I_OTSP"/>		<input type="checkbox"/> (MDX2:I_OTH)															
89. Subject unsure what problem is/was		<input type="checkbox"/> (MDX2:I_UNSU)															
	No	Yes															
Other Diseases/Ailments If Yes , check all that apply:	<input type="checkbox"/> (MDX2:OTHDIS)	<input type="checkbox"/> (MDX2:OTHDIS)															
90. Diabetes		<input type="checkbox"/> (MDX2:O_DIAB)															
91. Lupus (SLE)		<input type="checkbox"/> (MDX2:O_SLE)															
92. Rheumatoid arthritis		<input type="checkbox"/> (MDX2:O_RA)															
93. Retinopathy		<input type="checkbox"/> (MDX2:O_RET)															
94. Acute multi-organ failure		<input type="checkbox"/> (MDX2:O_AMOF)															
95. Iron overload		<input type="checkbox"/> (MDX2:O_IRON)															
96. Has iron overload ever been assessed by liver biopsy? <input type="checkbox"/> (MDX2:BIOP) No <input type="checkbox"/> (MDX2:BIOP) Yes <input type="checkbox"/> (MDX2:BIOP) Unknown If Yes , result of most recent assessment:																	
<table border="1"> <thead> <tr> <th>Assessment</th> <th colspan="3">Specimen Date</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td>Liver Biopsy</td> <td><input type="text" value="MDX2:BIOPDA"/></td> <td><input type="text" value="MDX2:BIOPMO"/></td> <td><input type="text" value="MDX2:BIOPYR"/></td> <td><input type="text" value="MDX2:BIOPRS"/> mg Fe/g Dry Weight</td> </tr> <tr> <td></td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> <td></td> </tr> </tbody> </table>	Assessment	Specimen Date			Result	Liver Biopsy	<input type="text" value="MDX2:BIOPDA"/>	<input type="text" value="MDX2:BIOPMO"/>	<input type="text" value="MDX2:BIOPYR"/>	<input type="text" value="MDX2:BIOPRS"/> mg Fe/g Dry Weight		Day	Month	Year			
Assessment	Specimen Date			Result													
Liver Biopsy	<input type="text" value="MDX2:BIOPDA"/>	<input type="text" value="MDX2:BIOPMO"/>	<input type="text" value="MDX2:BIOPYR"/>	<input type="text" value="MDX2:BIOPRS"/> mg Fe/g Dry Weight													
	Day	Month	Year														

97. Vitamin D deficiency		<input type="checkbox"/> (MDX2:O_VITD)
98. Cancer, describe: <input type="text" value="MDX2:O_CANSP"/>		<input type="checkbox"/> (MDX2:O_CAN)
99. Other, specify: <input type="text" value="MDX2:O_OTSP"/>		<input type="checkbox"/> (MDX2:O_OTH)
100. Subject unsure what problem is/was		<input type="checkbox"/> (MDX2:O_UNSU)

C. Diagnostic Tests

Has this subject ever had any of the following diagnostic tests performed: MRI (head), MRA (head), Transcranial Doppler (TCD), Echocardiogram, Pulmonary Function Testing, or EKG? (MDX2:DIAGTST) No (MDX2:DIAGTST) Yes

If **Yes**, add a Test Record for each test ever performed:

Test	Test Date	Result	Remove
<input type="checkbox"/> (DGTS:TYPE) MRI, head <input type="checkbox"/> (DGTS:TYPE) MRA, head <input type="checkbox"/> (DGTS:TYPE) Transcranial Doppler (TCD) <input type="checkbox"/> (DGTS:TYPE) Echocardiogram <input type="checkbox"/> (DGTS:TYPE) Pulmonary Function Testing <input type="checkbox"/> (DGTS:TYPE) EKG	<input type="text" value="DGTS:TESTDA"/> / <input type="text" value="DGTS:TESTMO"/> / <input type="text" value="DGTS:TESTYR"/> Day Month Year	<input type="checkbox"/> (DGTS:RESULT) Normal <input type="checkbox"/> (DGTS:RESULT) New Abnormal <input type="checkbox"/> (DGTS:RESULT) Repeated Abnormal <input type="checkbox"/> (DGTS:RESULT) Equivocal	<input type="button" value="Remove"/>
Comment: <input type="text" value="DGTS:COMMENT"/>			

D. Data Collection

Indicate how the information reported on this form was collected: (MDX2:COLL) All or most per subject (or parent) report only; not confirmed via medical record
 (MDX2:COLL) All or most confirmed via medical record
 (MDX2:COLL) Other, specify:

Comments for page: