

## SICKLE CELL ANEMIA



CLIENT NAME: \_\_\_\_\_

Submit the Client Information Questionnaire with this form

1. Date of diagnosis: \_\_\_\_\_

2. What type of sickle cell anemia does client have?

☐ Sickle cell (SS)

☐ Sickle cell (SC)

☐ Sickle cell trait (SA)

☐ Hemoglobin C

3. Is there a history of complications?

☐ No

☐ Yes; if yes, check those that apply and give the date of the last episode.

☐ painful crisis

☐ aseptic necrosis of bones

☐ leg ulcers

☐ lung scarring

☐ thrombosis

☐ enlarged heart

☐ other

4. What is the current hemoglobin? \_\_\_\_\_

5. What medications is client taking? (accurate name, dosage, and reason)

6. Are there any other health problems? (additional questionnaires may be required)