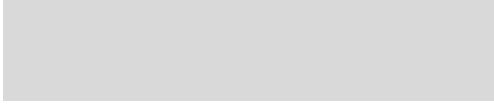


Notes:

Contact Information and Demographics	
Name:	Nickname:
DOB:	Preferred Language:
Address:	
Cell #:	Home #:
Best Time to Reach:	
E-Mail:	Best Way to Reach (C H F N): Text Phone
Health Insurance/Plan:	Group and ID #:

Health Care Providers (clinical and emergency information)	
Provider	
Primary and Specialties	
Clinic or Hospital:	
Daytime Phone:	
Emergency Phone:	
Email:	
Fax:	

School, Work and Home Health Agency Information	
Agency/School	Contact Information
	Contact Person:



Medications					
Medications	Dose	Frequency	Medications	Dose	Frequency
Prior Surgeries, Procedures, Specialty Treatment and Recent Hospitalizations x Please include blood counts and historical trends. x If patient has chronic abnormalities, please include range. x If hospitalization, please include reason.					
% DVHOLQH					
Baseline Vital Signs:	Ht	Wt	RR	HR	BP

Links to Disease Specific Hematologic Guidelines and Resources

Condition	Link to Guideline / Resource
American Society of + HPDWRO RJ \ V Resources for Clinicians	x Resource Webpage: http://www.hematology.org/Clinicians/
Immune Thrombocytopenia	x <u>\$6 + V & OLQLFDO 3UDFWLFH * XLGHO Management of Immune Thrombocytopenia</u>

Sickle Cell Disease

