

SICKLE CELL ANEMIA

Producer Name: _____

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)

Please fax to 612-392-7644 or email to mvp@mvp-servicesolutions.com