Ad Hoc Event ID:

Visit Date (dd/mmm/yyyy): \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

Correction:  Yes  No

1. Date of Admission (dd/mmm/yyyy): \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

**2. Reason for admission (answer each item):**

2A. Acute chest syndrome  Yes  No

2B. Asthma  Yes  No

2C. Osteomyelitis or osteonecrosis  Yes  No

2D. Chelation therapy  Yes  No

2E. Congestive heart failure  Yes  No

2F. Eye problems  Yes  No

2G. Gall bladder and liver disease  Yes  No

2H. Infection  Yes  No

2I. Pain  Yes  No

2J. Priapism  Yes  No

2K. Renal failure  Yes  No

2L. Skin ulcers  Yes  No

2M. Splenic sequestration  Yes  No

2N. Stroke  Yes  No

2O. Surgery  Yes  No

2P. Transfusion Reaction  Yes  No

2Q. Transient red cell aplasia  Yes  No

2R. Other  Yes  No

2R-1. If Other, specify: