**Diseases/Disorders/Ailments History**

1. **Does the participant/subject have a history of the following medical problems/conditions?**

| **Organ System** | **Start Date** | **Ongoing?** | **End Date** |
| --- | --- | --- | --- |
| **Muscle, Bone and Joint** |  |  |  |
| Hip complications |  | Yes  No  Unknown |  |
| Was the hip complication avascular necrosis? |  | Yes  No  Unknown |  |
| Shoulder complication |  | Yes  No  Unknown |  |
| Was the shoulder complication avascular necrosis? |  | Yes  No  Unknown |  |
| Dactylitis (Hand Foot Syndrome) |  | Yes  No  Unknown |  |
| Leg ulcers |  | Yes  No  Unknown |  |
| Osteomyelitis (acute or chronic) |  | Yes  No  Unknown |  |
| Osteopenia |  | Yes  No  Unknown |  |
| Other, specify: \_\_\_\_\_\_\_\_ (repeat as needed) |  | Yes  No  Unknown |  |
| **Heart** |  |  |  |
| Heart failure |  | Yes  No  Unknown |  |
| Heart attack |  | Yes  No  Unknown |  |
| Arrhythmia or prolonged irregular heart beats |  | Yes  No  Unknown |  |
| Enlarged heart |  | Yes  No  Unknown |  |
| Cardiomyopathy |  | Yes  No  Unknown |  |
| Heart valve problems |  | Yes  No  Unknown |  |
| High blood pressure/hypertension |  | Yes  No  Unknown |  |
| Other, specify: \_\_\_\_\_\_\_ (repeat as needed) |  | Yes  No  Unknown |  |
| **Kidney/Urinary/Genital** |  |  |  |
| Chronic renal failure |  | Yes  No  Unknown |  |
| Pyelonephritis |  | Yes  No  Unknown |  |
| Acute renal failure |  | Yes  No  Unknown |  |
| Chronic Renal Insufficiency |  | Yes  No  Unknown |  |
| Erectile Dysfunction |  | Yes  No  Unknown |  |
| Hematuria |  | Yes  No  Unknown |  |
| Priapism |  | Yes  No  Unknown |  |
| Proteinuria or Nephrotic Syndrome |  | Yes  No  Unknown |  |
| Microalbuminuria |  | Yes  No  Unknown |  |
| Other, specify: \_\_\_\_\_\_ (repeat as needed) |  | Yes  No  Unknown |  |
| **Liver** |  |  |  |
| Cirrhosis of the liver/hepatic cirrhosis |  | Yes  No  Unknown |  |
| Liver failure/hepatic failure |  | Yes  No  Unknown |  |
| Liver fibrosis/hepatic fibrosis |  | Yes  No  Unknown |  |
| Hepatitis, type A |  | Yes  No  Unknown |  |
| Hepatitis, type B |  | Yes  No  Unknown |  |
| Hepatitis, type C |  | Yes  No  Unknown |  |
| Hepatitis, unspecified |  | Yes  No  Unknown |  |
| Hepatic sequestration |  | Yes  No  Unknown |  |
| Intrahepatic cholestasis |  | Yes  No  Unknown |  |
| Cholecystitis |  | Yes  No  Unknown |  |
| Gallstones/cholelithiasis/sludge |  | Yes  No  Unknown |  |
| Pancreatitis |  | Yes  No  Unknown |  |
| Transfusional hemosiderosis |  | Yes  No  Unknown |  |
| Other, specify: \_\_\_\_\_\_\_\_\_ |  | Yes  No  Unknown |  |
| **Spleen** |  |  |  |
| Splenic infarction |  | Yes  No  Unknown |  |
| Splenomegaly |  | Yes  No  Unknown |  |
| Chronic hypersplenism |  | Yes  No  Unknown |  |
| Splenic sequestration |  | Yes  No  Unknown |  |
| Other, specify\_\_\_\_\_\_\_\_: |  | Yes  No  Unknown |  |
| **Lung Disease** |  |  |  |
| Obstructive sleep apnea |  | Yes  No  Unknown |  |
| Nocturnal hypoxemia |  | Yes  No  Unknown |  |
| Chronic lung disease |  | Yes  No  Unknown |  |
| Asthma/wheezing/reactive airway |  | Yes  No  Unknown |  |
| Pneumonia/acute chest syndrome |  | Yes  No  Unknown |  |
| Chronic obstructive lung disease (COPD)/emphysema |  | Yes  No  Unknown |  |
| Chronic restrictive lung disease/pulmonary fibrosis |  | Yes  No  Unknown |  |
| Pulmonary embolism |  | Yes  No  Unknown |  |
| DVT |  | Yes  No  Unknown |  |
| Pulmonary hypertension |  | Yes  No  Unknown |  |
| Other, specify: \_\_\_\_\_\_\_\_ |  | Yes  No  Unknown |  |
| **Neurological Problems** |  |  |  |
| Seizure |  | Yes  No  Unknown |  |
| Stroke – hemorrhagic |  | Yes  No  Unknown |  |
| Stroke – infarct |  | Yes  No  Unknown |  |
| Stroke – a "silent stroke" seen only on MRI |  | Yes  No  Unknown |  |
| Elevated transcranial doppler (TCD) velocities |  | Yes  No  Unknown |  |
| Transient ischemic attack (TIA) |  | Yes  No  Unknown |  |
|  |  |  |  |
| Aneurysm |  | Yes  No  Unknown |  |
| Peripheral neuropathy (numbness or tingling, not due to previous stroke) |  | Yes  No  Unknown |  |
| Headache – chronic |  | Yes  No  Unknown |  |
| Headache – migraine |  | Yes  No  Unknown |  |
| Memory problems |  | Yes  No  Unknown |  |
| Depression |  | Yes  No  Unknown |  |
| Other, specify\_\_\_\_\_\_\_\_: |  | Yes  No  Unknown |  |
| **Blood Problems, Other Than Sickle Cell** |  |  |  |
| Aplastic episode |  | Yes  No  Unknown |  |
| Immune and non-immune hemolysis/hyperhemolysis |  | Yes  No  Unknown |  |
| Other anemia (not related to sickle cell) |  | Yes  No  Unknown |  |
| Low platelets, not due to medication |  | Yes  No  Unknown |  |
| Low white count, not due to medication |  | Yes  No  Unknown |  |
| Other, specify\_\_\_\_\_\_\_\_\_: |  | Yes  No  Unknown |  |
| Hypercoagulable disorder |  | Yes  No  Unknown |  |
| **Infections** |  |  |  |
| Sepsis, pneumococcal |  | Yes  No  Unknown |  |
| Sepsis, other than pneumococcal |  | Yes  No  Unknown |  |
| Bacteremia, bacteria in bloodstream (often associated with indwelling catheters) |  | Yes  No  Unknown |  |
| Meningitis |  | Yes  No  Unknown |  |
| Pneumonia |  | Yes  No  Unknown |  |
| Hepatitis |  | Yes  No  Unknown |  |
| Other, specify: |  | Yes  No  Unknown |  |
| **Thrombosis** |  |  |  |
| Thrombosis |  |  |  |
| DVT |  |  |  |
| Catheter associated thrombosis |  |  |  |
| Pulmonary Embolism |  |  |  |
| Other VTE |  |  |  |
| Specify VTE |  |  |  |
| **Other Diseases/Ailments** |  |  |  |
| Diabetes |  | Yes  No  Unknown |  |
| Lupus (SLE) |  | Yes  No  Unknown |  |
| Rheumatoid arthritis |  | Yes  No  Unknown |  |
| Retinopathy |  | Yes  No  Unknown |  |
| Acute multi-organ failure |  | Yes  No  Unknown |  |
| Iron overload |  | Yes  No  Unknown |  |
| Has iron overload ever been assessed by liver biopsy? |  | Yes  No  Unknown |  |
| Vitamin D deficiency |  | Yes  No  Unknown |  |
| Cancer, describe \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Yes  No  Unknown |  |
| Other, specify: \_\_\_\_\_\_\_\_\_ |  | Yes  No  Unknown |  |
| Indwelling catheter |  | Yes  No  Unknown |  |
| High blood cholesterol/Hypercholesterolemia |  | Yes  No  Unknown |  |
| Allergic rhinitis |  | Yes  No  Unknown |  |
| Eczema |  | Yes  No  Unknown |  |

**Immunizations**

Document Immunization Chart (current list as needed)

Influenza vaccine? Most recent date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Psychological/Mental Health** | **Yes** | **No** | **Unknown** | **Age at Onset** | **Still Present?** |
| **Anxiety** |  |  |  | **\_\_\_\_\_\_\_\_** | Yes  No  Unknown |
| **Depression** |  |  |  | **\_\_\_\_\_\_\_\_** | Yes  No  Unknown |
| **Anorexia or bulimia** |  |  |  | **\_\_\_\_\_\_\_\_** | Yes  No  Unknown |
| **Drug Abuse** |  |  |  | **\_\_\_\_\_\_\_\_** | Yes  No  Unknown |
| **Alcohol abuse/dependency** |  |  |  | **\_\_\_\_\_\_\_\_** | Yes  No  Unknown |
| **Obsessive-compulsive disorder** |  |  |  | **\_\_\_\_\_\_\_\_** | Yes  No  Unknown |
| **Attention deficit disorder (ADD or ADHD)** |  |  |  | **\_\_\_\_\_\_\_\_** | Yes  No  Unknown |
| **Manic depressive or bipolar disorder** |  |  |  | **\_\_\_\_\_\_\_\_** | Yes  No  Unknown |
| **PTSD** |  |  |  | **\_\_\_\_\_\_\_\_** | Yes  No  Unknown |
| **Other type of psychosis** |  |  |  | **\_\_\_\_\_\_\_\_** | Yes  No  Unknown |