HEMOGLOBINOPATHIES-PRESUMPTIVE POSITIVE FOLLOW-UP FORM

I. Diagnosis:

( ) Homozygous Sickle Cell Disease (**0802**)
( ) Sickle Cell Hemoglobin C Disease (**0803**)
( ) Sickle Beta - Plus Thalassemia (**0804**)
( ) Sickle Beta - Zero Thalassemia (**0806**)
( ) Other Diagnosed – Variants; CBthal,E,C,D,G,S/HPFH (**0805**)
( ) Diagnosed Trait **(specify)** _____ (**0809**)
( ) Other Diagnosed – Thal major, etc **(specify below)**
_____ (**0810**)
( ) Unresolved: Expected date of resolution _____

I. Confirmatory tests:

( ) Electrophoresis, **Date**_____
( ) Family studies, **Date** _____
( ) Other diagnostic testing **(specify)** _____
Date _____

Treatment:

Date of first visit_____
Date to treatment _____
Medication(s) _____

Physician Signature _____**Date**_____

Printed Name_____

LEPFU5
Revised 3/26/04