Last Updated:______________

American Society of Hematology

Thalassemia Clinical Summary

Patient Information

Last name:______________________ First name:____________________ Sex: ❑ M ❑ F Age:_____ Date of Birth:_________

Phone Numbers:_______________(home) _______________(cell) Email:____

Address:____

Emergency Contact:_____________________________________ Relation to patient:_______________________________

Contatct's Phone Numbers:______________(home) ______________(cell) Email:___________________________________

Thalassemia Diagnosis:______________________________ Phenotype:________________ Genotype:________________

Age at Diagnosis:__________ Ethnicity:___________________________ Primary Language:_____________________

Patient's Weight:__________ Patient's Height:____________ Pediatric Hematologist:_________________________________

Insurance Information

Primary Insurance:____

ID/Group Number:____ Phone Number:_______________________________

Secondary Insurance:____

ID/Group Number:____ Phone Number:_______________________________

Medical Diagnoses

Diagnoses	Active	Inactive

Last Updated:______________

Surgical History	
Surgery	**Year Done**

Immunizations					
Pneumovax #1	Date(s)		Hepatitis A	Date(s)	
Pneumovax #2	Date(s)		HPV	Date(s)	
Hepatitis B	Date(s)		Meningococcal	Date(s)	
Influenza	Date(s)		COVID	Date(s)	

Allergies	
Medication Allergies	
Name	**Reaction**

Last Updated:______________

Medications			
1		Dose/Route	
2		Dose/Route	
3		Dose/Route	
4		Dose/Route	
5		Dose/Route	
6		Dose/Route	
7		Dose/Route	
8		Dose/Route	
9		Dose/Route	
10		Dose/Route	

Chelation Therapy			
Current Chelators			
1		Dose/Route	
2		Dose/Route	
3		Dose/Route	

Chelation Therapy			
Past Chelators			
1		Dose/Route	
2		Dose/Route	
3		Dose/Route	

Prior Authorization Information:____

____

Pertinent Chelation History:____

____

____

Chelation Lab Frequency:____

____

____

Adherence/Compliance Issues:____

____

____

Last Updated:______________

Service Providers	
	Name/Address and Phone #
Preferred Pharmacy	
Specialty Pharmacy #1	
Specialty Pharmacy #2	
Home Infusion	
Home Health Care	
Home Health Supplies	
Durable Medical Equipment	
Other	

Health Care Providers				
	Name/Address and Phone #	**Last Visit**	**Peds**	**Adult**
Primary Care Physician				
Hematologist				
Cardiologist				
Endocrinologist (General)				
Endocrinologist (Bone)				
Endocrinologist (Diabetes)				
Endocrinologist (Reproductive)				
Audiologist				
Ophthalmologist				
Hepatologist/GI				
Psychologist				
Nutritionist				
Anticoagulation Clinic				
Genetics				
Pain Management				
Other				

Last Updated:______________

Annual Studies	
	Last Performed
Liver MRI/Ferriscan	
Cardiac MRI	
Dexa Scan	
Endocrine Labs	
EKG	
Echocardiogram	
Virology Labs	
Urinalysis	
Other	

Iron Measurements

Date	Ferritin Level**	Liver R2	Cardiac T2*	LV Ejection Fraction

**Insert graph of ferritin over time if available

Transfusion History

IV Access:

Central Line: ❑ Y ❑ N Type of Central Line:______________________________ Peripheral IV Gauge:_________________

Transfusion Start Date/Age:________________________ Transfusion Frequency:______________________________________

Pre-transfusion Goal:_________________________ Number of Units:_________________ Blood Type:_________________

Antibodies: Y/N (If yes, list):____

____

Premedications: Y/N (If yes, list):____

Last Updated:______________

Pertinent transfusion history: ____

____

____

Other pertinent transfusion information____

____

____

Review of Systems	
Skin	
Eyes	
Ears/Nose/Throat	
Respiratory	
Cardiac	
Gastrointestinal	
Renal/Genitourinary	
Endocrine	
Hematologic/Lymphatic	
Neurologic	
Musculoskeletal	

Social History	
Single/Married/Childrent	
Resides with	
Education Status (Grade level, School)	
Employment Status	
Hobbies	
Smoking/Alcohol/Drug Use	

Last Updated:_______________

Additional Information (ie. Psychosocial issues, family, social background, etc)

Emergency Plan

Goals

-
-
-
-
-

Special information the patient wants healthcare professionals to know:

Patient's Signature

Date

Thalassemia Coordinator's Signature

Date