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: