### How to make the best of your toolkit:

It is important for you to discuss the things that you plan to use from this toolkit with your physician.

Every person with sickle cell disease is unique. Only you know your body and you have to pay attention to it.

Pick and choose what you think will work for you.

Of course, you can add tools that you know work for you.

Using an incentive spirometer (10 breaths 10 time per day) has been proven to decrease the development of acute chest syndrome during a pain crisis.

A community health worker could be helpful in completing your passport to health.

If a patient portal is available to you sign, up for it. This can be very helpful in following your care.

The NHLBI guidelines and ASH trifolds are intended for you to share with your doctor. They are not written in lay terms.

We hope you find this to be helpful!

### Personal Information

Name:			<del> </del>	
Address:			*	
Date of Birth:		_ Ma	rital Status	
Phone:		_ Ema	il Address:	
Type of sickle cell _ Other_	SS			Sbeta thal plus
Usual Hemoglobin lev				
Blood Type				
Allergies:				
Emergency Contact:	Name			
	Relationship	)		
nsurance;				
Contract Number:				
elephone Number: _				

### Medication Record

Medication	Dose	Reason	Frequency (times per day)
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# Provider Contact Information

Primary Care Provider			
Name:			·
Address:			
Phone:			
Specialty:			
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Hematologist	.e-155		
Name:			
Address:			
Phone:			
Specialty:			
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Other Providers			
Name:			
Address:			
Phone:			
Specialty:			
Name:			
Address:			
Phone:			

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Discharge Diagnosis								
Discharge Date								
Hospital								
Admitting Doctor		 	 		-	 		
Admil								
Reason for Admission								
Admission Date								
Type of Visit (Inpatient /ER)								

# Wedical Appointments

				5	Appoir	itment
Date	Time	Purpose	Doctor	Phone	Ker	
					Y	N
				<u> </u>	<u> </u>	N
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### Diagnostic Studies

(X-Rays, MRI, CT Scans, Ultrasounds, Mammograms, TCD)

Date:	Ordering Physician:
Reason:	·
•	
Date:	Ordering Physician:
Reason:	
Date:	Ordering Physician:

## Pain 10g

Date	Time	Location	Intensity	What Medication did you take?
		·		

### Pain log

Date	Time	Location	Intensity	What Medication did you take?
A				
				·
	•			

# Blood Transfusion (TX)Record

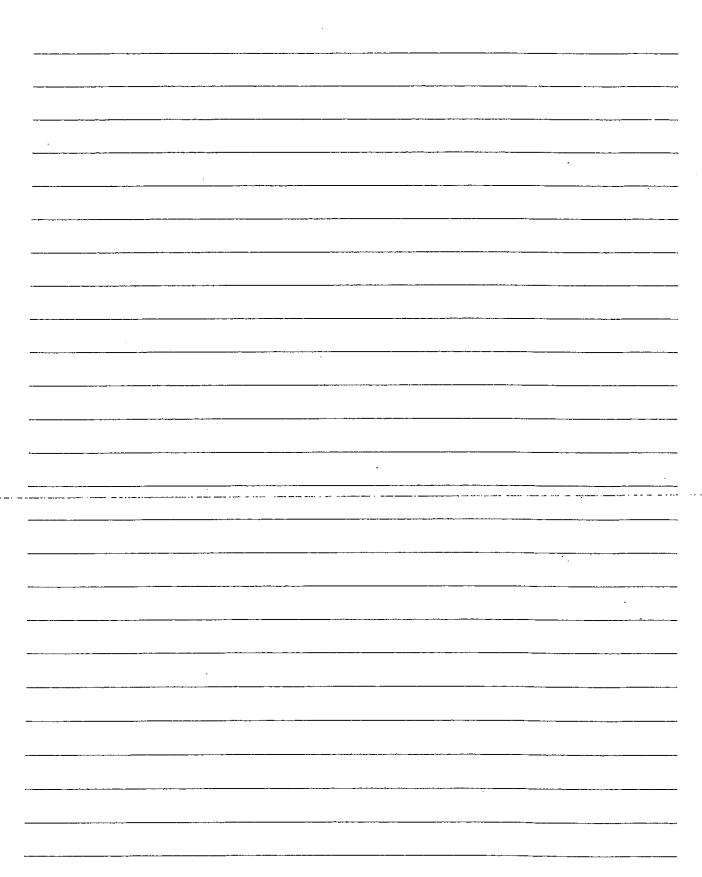
Date	# 0.5			
Date	# of Units	Hemoglobin leve pre transfusion	Hemoglobin level post transfusion	Pre-Medication?
	·			
		· · · · · · · · · · · · · · · · · · ·		
				·

History of alloimmunization	yes	no
Antibodies		

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### Notes



### Questions

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### Questions

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