

New patient checklist: Thalassemia

Minimum dataset to be entered into CAS is highlighted (information on how to enter data on CAS available in [SPAH Quick Guide](#))

PATIENT DETAILS

Name:	
DOB/CHI:	
Date of first review:	

TYPE OF REFERRAL

Newborn Screening	☐
New Diagnosis (not NBS)	☐
Transfer from another area	☐

DIAGNOSIS

Condition type:	
Date of confirmation:	
Method of confirmation:	

RELIGIOUS / CULTURAL INFORMATION

Religion	
Religious/Cultural information relating to medical interventions	

HISTORY

Clinical history if appropriate:	
Social history including education:	
Family history:	

REGULAR / AS REQUIRED MEDICATION

Penicillin/other			Regular
Folic acid			Regular
Chronic transfusion		Date commenced	
Chelator		Date commenced	

SERIOUS ALLERGIES

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VACCINATIONS

Vaccinations history: (Routine and pneumococcal)	
Vaccinations due:	

OBSERVATIONS/EXAM

Height:		Centile:		O ₂ Sats in air:	
Weight		Centile:		HR/BP:	
BMI:		Centile:		Spleen Palpable:	

INVESTIGATIONS

	Scheduled	Completed
FBC, retics, film		
UE/Cr, LFTs, Ca/Mg/PO ₄ , Vit D, Ferritin		
Urine PCR		
HPLC / genetics		
G6PD		
G&S with extended phenotype		
Viral serology – hepatitis and HIV		
Cardiac/liver MRI (if appropriate)		
Audiology/ophthalmology (if appropriate)		
ECG/ECHO (if appropriate)		

WRITTEN INFORMATION/EDUCATION MATERIALS PROVIDED OR DISCUSSED:

Contact information for department	☐
CAS database information	☐
Note SPAH website address for GP letter	☐
As appropriate:	
• Transition planning	☐
• Advice re family screening/ antenatal counselling	☐
• Acute and chronic complications to be discussed over first 6 months and consider referral for transplant consideration	☐

Date of next appointment:	
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