



American Society of Hematology General Hematology Clinical Summary

This document should be shared with and carried by the young adult.

| Administrative | |
|--|---------------|
| Date Completed: | Date Revised: |
| Form completed by: | |
| Name and number of Medical Records Department: | |
| Notes: | |
| | |
| | |
| | |
| | |
| | |

| Contact Information and Demographics | |
|---|---|
| Name: | Nickname: |
| DOB: | Preferred Language: |
| Address: | |
| Cell #: | Home #: |
| Best Time to Reach: | |
| E-Mail: | Best Way to Reach (<i>Check</i>): Text Phone Email |
| Health Insurance/Plan: | Group and ID #: |

| Emergency Care Plan | | |
|------------------------------------|---------------|--------|
| Emergency Contact: | Relationship: | Phone: |
| Preferred Emergency Care Location: | | |

| Health Care Providers (clinical and emergency information) | | |
|---|--|--|
| Provider: | | |
| Primary and Specialty | | |
| Clinic or Hospital: | | |
| Daytime Phone: | | |
| Emergency Phone: | | |
| Email: | | |
| Fax: | | |

| School, Work and Home Health Agency Information | | |
|--|---------------------|--------|
| Agency/School | Contact Information | |
| | Contact Person: | Phone: |
| | Contact Person: | Phone: |
| | Contact Person: | Phone: |

| Medications | | | | | |
|---|------|-----------|--|------|-----------|
| Medications | Dose | Frequency | Medications | Dose | Frequency |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Prior Surgeries, Procedures, Specialty Treatment and Recent Hospitalizations | | | | | |
| <ul style="list-style-type: none"> Please include blood counts and historical trends. If patient has chronic abnormalities, please include range. If hospitalization, please include reason. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Baseline | | | | | |
| Baseline Vital Signs: Ht Wt RR HR BP □ | | | | | |
| Relevant Pathology (include history and values for abnormal results): | | | | | |
| Recent or Most Relevant Labs and Radiology | | | | | |
| Test | Date | | Result | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Transfusion History | | | (Please note, antibodies, reaction, and need for pre-medication) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Other | | | | | |
| Genetic Testing (Please include family testing) | | | | | |
| | | | | | |

| Equipment, Appliances, and Assistive Technology | | | |
|--|----------------------|--------------|------|
| Central Line | Venous Access Device | PIC | |
| | | | |
| | | | |
| | | | |
| Other | | | |
| Long-term recommendations (i.e. bone density assessments, repeat labs or imaging, and other disease specific recommendations) | | | |
| Additional information (i.e. psychosocial issues, family, social background, etc.) | | | |
| <p>Special information that the patient wants health care professionals to know See attached list for links to disease specific guidelines and resources.</p> | | | |
| | | | |
| _____ | | | |
| _ Patient/Guardian Signature | Print Name | Phone Number | Date |
| _____ | | | |
| _ Primary Care Provider Signature | Print Name | Phone Number | Date |
| _____ | | | |
| _ Care Coordinator Signature | Print Name | Phone Number | Date |

Please attach the immunization record to this form.

Links to Disease Specific Hematologic Guidelines and Resources

| Condition | Link to Guideline / Resource |
|---|---|
| American Society of Hematology's (ASH) Resources for Clinicians | <ul style="list-style-type: none"> Resource Webpage: http://www.hematology.org/Clinicians/ |
| Immune Thrombocytopenia | <ul style="list-style-type: none"> <u>ASH's Clinical Practice Guideline on the Evaluation and Management of Immune Thrombocytopenia</u> |
| Sickle Cell Disease | <ul style="list-style-type: none"> <u>National Heart, Lung, and Blood Institute's Evidence Based Management of Sickle Cell Disease: Expert Panel Report, 2014</u> <u>ASH's Quick Reference Guide on Management of Acute Complications of Sickle Cell Disease</u> <u>ASH's Quick Reference Guide on Health Maintenance and Management of Chronic Complications of Sickle Cell Disease</u> <u>ASH's Quick Reference Guide on Hydroxyurea and Transfusion Therapy for the Treatment of Sickle Cell Disease</u> |
| Thrombocytopenia | <ul style="list-style-type: none"> <u>ASH's Quick Reference Guide on Immune Thrombocytopenia</u> <u>ASH's Quick Reference Guide on Thrombocytopenia in Pregnancy</u> <u>ASH's Quick Reference Guide on Heparin-Induced Thrombocytopenia (HIT)</u> |
| Thrombosis | <ul style="list-style-type: none"> <u>ASH's Quick Reference Guide on Antithrombotic Drug Dosing and Management</u> |
| Transfusion | <ul style="list-style-type: none"> <u>ASH's Quick Reference Guide on Red Blood Cell Transfusion</u> |
| Von Willebrand Disease | <ul style="list-style-type: none"> <u>ASH's Quick Reference Guide on von Willebrand Disease</u> |

