



New patient checklist: Thalassaemia

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

PATIENT DETAILS

Name:	
DOB/CHI:	
Date of first review:	

TYPE OF REFERRAL

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

Condition type:	
Date of confirmation:	
Method of confirmation:	

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

FBC, retics, film
 UE/Cr, LFTs, Ca/Mg/PO₄, Vit D, Ferritin
 Urine PCR
 HPLC / genetics
 G6PD
 G&S with extended phenotype
 Viral serology – hepatitis and HIV
 If appropriate:
 Cardiac/liver MRI
 Audiology/ophthalmology
 ECG/ECHO

WRITTEN INFORMATION/EDUCATION MATERIALS PROVIDED OR DISCUSSED:

Contact information for department	
CAS database information and consent form	
Note SPAH website address for GP letter	
As appropriate:	
<ul style="list-style-type: none"> Transition planning 	
<ul style="list-style-type: none"> Advice re family screening/ antenatal counselling 	
<ul style="list-style-type: none"> 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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