

## Example of affected baby counselling form

# Brent Sickle Cell & Thalassaemia Centre (NW London Hospitals NHS Trust) Neonatal Screening and Counselling Form

### DETAILS OF BABY

Birth Surname ..... District .....  
 Registered Surname ..... Hospital of Birth .....  
 First Name ..... D.o.B ...../...../..... Sex M  F   
 Address ..... Hb Genotype (*final result*).....  
 ..... Lab No. .... NHS No. ....  
 ..... Date card & leaflet sent ...../...../.....  
 Tel. No. .... Transfused YES  NO   
 ..... If **YES** enter date of last transfusion ...../...../.....

**Affected Baby:** Hospital referred..... Name Paediatrician.....  
 Notification to GP/ HV /Parents..... Date of 1<sup>st</sup> Hospital Appt.....  
 Date 1<sup>st</sup> prescribed Penicillin:..... Date 1<sup>st</sup> Primary Vac:.....  
 HV Details:.....

### DETAILS OF PARENTS (Enter surname first in CAPITAL letters, then first name)

Mother ..... Father .....  
 DoB ...../...../..... NHS No:..... DoB ...../...../..... NHS No:.....  
 Ethnic Origin ..... Ethnic Origin .....  
 Religion ..... Religion .....  
 GP ..... GP .....  
 Need Interpreter YES  NO  Language .....

### HAEMATOLOGY RESULTS (Parents)

PND YES  NO  Outcome:.....

	Date Tested	Hb Type	Hb	RBC	MCV	MCHC	A <sub>2</sub>	F	Sickle Test	Lab confirmed Yes/No	Screened At
<b>Mother</b>											
<b>Father</b>											

Date(s) card(s) sent: Mother ...../...../..... Father...../...../..... GP notified ...../...../.....

### DETAILS OF SIBLINGS

Name	DoB	Place of Birth	Sex	Date Tested	Hb Type	Comments