



PATIENT'S HOSPITAL STICKER or complete
 Hospital record number
 Full name
 Address
 Suburb Postcode
 State Home phone

DATE OF BIRTH ____/____/____
MUST BE COMPLETED
 Patient's **Mobile**
 Patient's **Email**
Contact number of person NOT LIVING WITH PATIENT
(friend or relative)
 Second contact ph.
 Name at second no

- DATE** / /
- Medicare No: -
- Indication for referral**
 Splenectomy Splenic embolisation
 Hyposplenism Other
- Date splenectomy (diagnosis)** / /
- Reason for splenectomy**
 Trauma (**describe**) Incidental.....
 Haem disorder (**specify**) Haem malignancy.....
 Cancer (**specify**) Other

6a. Surgeon's name 6b. Hospital where splenectomy performed

- Allergic to any antibiotics? yes no if YES, which antibiotic
- Allergic to any vaccines? yes no if YES, which vaccine

9. Vaccination history		Date <u>last</u> received	Past history of <u>ever</u> having received this vaccine? If yes please state date or year
Pneumococcal	Conjugate (<i>Prevenar 13</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
	Polysaccharide (<i>Pneumovax 23</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Recommended now Meningococcal	Conjugate ACWY (<i>Menveo, Menactra, Nimenrix</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
	Recombinant MenB (<i>Bexsero</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
	C conjugate (<i>Menjugate, Meningitec, NeisVac-C</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
	Polysaccharide ACWY (<i>Mencevax, Menomune</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Hib	Haemophilus influenzae type b (<i>Liquid Pedvax or Hiberix</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Influenza	Influenza Vaccine (annual –received during flu season)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

10. Daily Prophylactic Antibiotics
 yes no
What was prescribed? Penicillin Amoxicillin
 Roxithromycin Erythromycin
 Other (please specify)
DOSE mg **FREQUENCY** times per day
DURATION recommended? 2 years Lifelong
 Other (please specify)

11. Emergency supply of antibiotics
 (eg. Amoxil 3gm dose)
 yes no
What was prescribed? Penicillin Amoxicillin
 Roxithromycin Other (please specify)
STAT DOSE g / mg
 education kit given/sent / /

12. Has patient received an Education session
 yes no

13. Since splenectomy or hyposplenism diagnosis has there been an episode of
 (i) sepsis? yes no
 (ii) thrombosis? yes no

GP Name Address Email
 Suburb Postcode State Phone number

Has this patient been informed that their information will be forwarded to SPLEEN AUSTRALIA yes no

PRINT name of person filling in this form phone no+/-pager