

Spleen Australia based at The Alfred hospital
 2nd Floor Burnet Building, 85 Commercial Road, Melbourne, Vic 3004
 email: spleenregistry@alfred.org.au

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

- 6a. **Surgeon's name** 6b. **Hospital** where splenectomy performed
7. **Allergic to any antibiotics?** yes no if YES, which antibiotic
8. **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"/>		
10. Daily Prophylactic Antibiotics	<input type="checkbox"/> yes <input type="checkbox"/> no	What was prescribed? <input type="checkbox"/> Penicillin <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Roxithromycin <input type="checkbox"/> Erythromycin <input type="checkbox"/> Other (please specify) DOSE <input type="text"/> <input type="text"/> <input type="text"/> mg FREQUENCY <input type="checkbox"/> times per day DURATION recommended? <input type="checkbox"/> 2 years <input type="checkbox"/> Lifelong <input type="checkbox"/> Other (please specify)		
11. Emergency supply of antibiotics (eg. Amoxil 3gm dose)	<input type="checkbox"/> yes <input type="checkbox"/> no	What was prescribed? <input type="checkbox"/> Penicillin <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Roxithromycin <input type="checkbox"/> Other (please specify) STAT DOSE <input type="text"/> <input type="text"/> <input type="text"/> g / mg		
12. Has patient received an Education session	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> education kit given/sent <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
13. Since splenectomy or hyposplenism diagnosis has there been an episode of (i) sepsis? (ii) thrombosis?	<input type="checkbox"/> yes <input type="checkbox"/> no	YEAR	Hospital	Treatment details
	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
GP Name.....Address.....Email..... Suburb ... Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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

PATIENT'S HOSPITAL STICKER or complete

Hospital record number
 Full name
 Address
 Suburb Postcode.....
 State Home phone

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

