Chronic Co-Morbid Form

Chronic Conditions - Check **ALL** that apply

**Hereditary hemolytic and sickle cell anemia**
- 282.0 Hereditary spherocytosis
- 282.1 Hereditary elliptocytosis
- 282.2 Anemias due to disorders of glutathione metabolism
- 282.3 Other hemolytic anemias due to enzyme deficiency
- 282.41 Sickle-cell thalassemia without crisis
- 282.42 Sickle-cell thalassemia with crisis
- 282.49 Other thalassemias
- 282.61 Sickle-cell disease, Hb-SS disease without crisis
- 282.62 Sickle-cell disease, Hb-SS disease with crisis
- 282.63 Sickle-cell disease, Sickle-cell/Hb-C disease without crisis
- 282.64 Sickle-cell disease, Sickle-cell/Hb-C disease with crisis
- 282.68 Sickle-cell disease, Other sickle-cell disease without crisis
- 282.69 Sickle-cell disease, Other sickle-cell disease with crisis
- None of these
- Unable to specify

**Monoclonal gammopathy (in the absence of multiple myeloma)**
- 273.1 Monoclonal paraproteinemia [includes monoclonal gammopathy]
- None of these
- Unable to specify

**Myelodysplastic syndrome**
- 238.71 Essential thrombocytemia
- 238.72 Low grade myelodysplastic syndrome lesions
- 238.73 High grade myelodysplastic syndrome lesions
- 238.74 Myelodysplastic syndrome with 5q deletion
- 238.75 Myelodysplastic syndrome, unspecified
- 238.76 Myelofibrosis with myeloid metaplasia
- None of these
- Unable to specify

FORWARDING INSTRUCTIONS

**NKC requires** documentation in the NKC medical record to support the ICD-9 code you select.

**For New and Newly Referred Patients** – please place a check mark in the box for **ALL CURRENT Co-Morbid conditions** that apply, **SIGN** and forward this form to NKC Patient Admitting with the patient’s Initial Physician’s Orders.

**For Existing NKC patients** – please place a check mark in the box for any **NEW Co-Morbid conditions** that apply, **SIGN** and forward to the Nurse Educator/Case Manager at the patient’s NKC treating unit for placement in the patient’s medical record.

<table>
<thead>
<tr>
<th>Print Attending Physician’s Name</th>
<th>Physician’s Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Patient Name:</td>
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<td>NKC#:</td>
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