

Primary Hemochromatosis Status Report Worksheet

Patient Name: _____ DOB: _____

Condition is stable and asymptomatic? Yes No

Condition is due to a secondary hemochromatosis? Yes No

Treatment changes are recommended? Yes No

If yes, what changes are recommended? _____

Is there any evidence of:

Arthropathy Yes No

Cardiomyopathy or other cardiac disease Yes No

Cirrhosis or other hepatic disease Yes No

CNS disease (including cognitive deficits) Yes No

Endocrine disease including diabetes, hypopituitarism,
hypogonadism, or hypothyroidism Yes No

Kidney disease Yes No

Polycythemia or other condition requiring multiple transfusions Yes No

Hemoglobin level (within the last 90 days) Value: _____ Date: _____
(Goal 11 mg/dL or higher)

Ferritin level Value: _____ Date: _____
(Goal less than or equal to 150 ng/mL)

Current treatment: None/dietary changes OR Phlebotomy
If phlebotomy, how frequently? _____
(Goal no more frequently than monthly)

Treating Physician's Signature

Physician's Printed Name

Date

Expert FAA Medical Assistance!

Clinic Locations:
Wisconsin: 10520 W. Bluemound Rd, Suite 206
Milwaukee, WI 53226
Ohio: 7071 Corporate Way, Suite 105
Centerville, OH 45459

Mailing Address:
1817 Highland Dr. #1135
Grafton, WI 53024
Tel: 414-419-3300
Fax: 210-640-1938