

Patient Name:

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 glutathic | one metabolism | |
| □ 282.3 Other hemolytic anemias due to enzy | | |
| ☐ 282.41 Sickle-cell thalassemia without crisis | | |
| □ 282.42 Sickle-cell thalassemia with crisis | | |
| ☐ 282.49 Other thalassemias | vithout origin | |
| ☐ 282.61 Sickle-cell disease, Hb-SS disease v☐ 282.62 Sickle-cell | | |
| □ 282.63 Sickle-cell disease, Sickle-cell/Hb-C | | |
| ☐ 282.64 Sickle-cell disease, Sickle-cell/Hb-Co | | |
| □ 282.68 Sickle-cell disease, Other sickle-cell | | |
| □ 282.69 Sickle-cell disease, Other sickle-cell□ None of these | disease with crisis | |
| ☐ Unable to specify | | |
| Monoclonal gammopathy (in the absence of multiple myeloma) | | |
| □ 273.1 Monoclonal paraproteinemia [includes | monoglonal gammonathyl | |
| ☐ None of these | в попосіонаї дапітюраціў | |
| ☐ Unable to specify | | |
| Myelodysplastic syndrome | | |
| □ 238.71 Essential thrombocythemia | | |
| □ 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, unspecifi | | |
| □ 238.76 Myelofibrosis with myeloid metaplasi | | |
| □ None of these | | |
| ☐ Unable to specify | | |
| FORWA | RDING INSTRUCTIONS | |
| NKC <u>requires</u> documentation in the | NKC medical record to support the ICD | -9 code you select. |
| For New and Newly Peferred Patients - plea | se place a check mark in the box for ALL CLIP | PENT Co-Morbid |
| 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 forwa | ord to the Nurse Educator/Case Manager at the page patient's medical record. | |
| | | |
| Print Attending Physician's Name | Physician's Signature | Date |
| | | |

NKC#: