EWOG MDS 2006

cbl registration non-study patients

Patient Name |_____|

Sex ☐ male ☐ female

Date of Birth (dd/mm/yy) |__|__||__|__||__|__|

Medical history and physical examination

Height: _____cm

Weight: _____cm

Education: _____

	No	Yes	
Intellectual disability	☐	☐	
Dyslalia	☐	☐	
Dysmorphic features	☐	☐	if yes, please specify: _____
Xanthoma	☐	☐	if yes, please give exact number: _____
"Cafe au lait" spots	☐	☐	if yes, please give exact number: _____
Received anaesthesia previously	☐	☐	
If yes: Complications during anaesthesia:	☐	☐	if yes, please enclose medical report.
Seizures	☐	☐	if yes, please enclose medical report.
Hepatitis/ Hepatopathy	☐	☐	if yes, please enclose medical report.
Known Bleeding disorder	☐	☐	if yes, please specify: _____
Bleeding complications:	☐	☐	if yes, please enclose medical report.
Hypertension	☐	☐	if yes, please enclose medical report.
Congenital heart defect	☐	☐	if yes, please enclose medical report.
If male:			
Maldescensus testis in childhood	☐	☐	
Other signs or symptoms	☐	☐	if yes, specify: _____

_____

Date I__I__II__I__II__I__I Signature _____