

SECTION 4 DETAILS OF CHILD

Name(s)

Surname

ID number

Date of birth DDMMYYYY

SECTION 5 MEDICAL HISTORY

When was the child's current condition diagnosed? DDMMYYYY

Who initially diagnosed the child's condition?

Doctor's name	
Contact number	

Who referred the child to you?

Doctor's name	
Contact number	

SECTION 6 DETAILS OF THE CHILD'S CONDITION

Please tick relevant block and supply reports and answer questions in the relevant block.

CANCER AND BLOOD SYSTEM

Bone marrow failure (including severe aplastic anaemia)

- Supply copies of specialist reports confirming the definite diagnosis of complete bone marrow failure which has resulted in anaemia, neutropenia and thrombocytopenia.
- Does the child require any of the following treatments?

An immunosuppressive agent

Yes No

Recurrent blood transfusions

Yes No

Bone marrow stimulation therapy

Yes No

Cancer

- Supply copies of specialist reports and Histology confirming the child's malignant tumour, characterised by the uncontrolled growth and spread of malignant cells and the invasion of surrounding tissue.

Hematopoietic stem cell (bone marrow) transplant

- Supply copies of all specialist reports confirming the child's hematopoietic stem cell (bone marrow) transplant or confirmation of child's inclusion on an official waiting list for such a procedure.

CARDIO-VASCULAR SYSTEM

Cardiomyopathy

- Supply copies of specialist reports confirming the diagnosis of impaired ventricular function.
- What is the child's New York Heart Association classification?

NYHA I

NYHA II

NYHA III

NYHA IV

- Supply the Left ventricular ejection fraction reading.

Heart surgery

- Supply copies of specialist reports regarding the child's surgery to the heart.

Heart transplant

- Supply copies of all specialist reports confirming the child's heart transplant or confirmation of the child's inclusion on an official waiting list for such a procedure.

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CENTRAL NERVOUS SYSTEM

Acquired mental retardation

- Supply copies of specialist reports confirming the diagnosis of permanent acquired mental retardation, including the intelligence quotient of the child and classification of the retardation according to the Griffith's mental development scale or equivalent psychometric scale.

Bacterial meningitis

- Supply copies of specialist reports confirming the bacteriological diagnosis of meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit.

Benign brain tumour

- Supply copies of specialist reports confirming the diagnosis of a non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, with evidence of permanent neurological deficit.

- Was the tumour surgically removed?

Yes No

- Are signs of progression of the tumour present?

Yes No

- Are signs and symptoms of raised intra-cranial pressure as a result of the tumour present?

Yes No

Coma

- Supply copies of specialist reports confirming the child's diagnosis of a coma, with Glasgow Coma Scale readings.

- How long was the child unconscious for?

Multiple sclerosis

- Supply copies of specialist reports confirming the diagnosis of Multiple Sclerosis, with neuroimaging and/or CSF analysis evidence confirming current clinical impairment of both motor and sensory function.

- How many episodes of MS with remission has the child experienced?

Paralysis

- Supply copies of specialist reports confirming the total and irreversible loss of muscle function to the whole of any one limb, where limb is the whole of one arm or the whole of one leg.

Spinal cord tumour

- Supply copies of all specialist reports confirming the diagnosis of a non-malignant tumour or cyst in the spinal cord, spinal nerves or meninges, with evidence of permanent neurological deficit.

- Was the tumour surgically removed?

Yes No

Stroke

- Supply copies of specialist reports confirming the child's cerebrovascular accident (stroke) or incident producing permanent neurological damage, including neuroimaging evidence.

CONNECTIVE TISSUE

Juvenile rheumatoid arthritis

- Supply copies of specialist reports confirming the presence of juvenile rheumatoid arthritis, including the age at onset and the duration of signs and symptoms of the condition.

- Is arthritis present in more than one major joint?

Yes No

DIGESTIVE SYSTEM AND KIDNEYS

Chronic kidney failure

- Supply copies of specialist reports confirming the diagnosis of chronic renal failure.

- Please indicate what the child's test results were for estimated GFR. ml/min

- Does the child require:

Peritoneal dialysis

Yes No

Haemodialysis

Yes No

Kidney transplant

- Supply copies of all specialist reports confirming the child's kidney transplant or confirmation of child's inclusion on an official waiting list for such a procedure.

Liver transplant

- Supply copies of all specialist reports confirming the child's liver transplant or confirmation of child's inclusion on an official waiting list for such a procedure.

Pancreas transplant

- Supply copies of all specialist reports confirming the child's pancreas transplant or confirmation of child's inclusion on an official waiting list for such a procedure.

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Juvenile onset recurrent respiratory papillomatosis

- Supply copies of specialist reports confirming the presence of recurrent human papilloma virus lesions in the upper airways.
- Does the condition require surgery? Yes No

Lung transplant

- Supply copies of all specialist reports confirming the child's lung (or lobe of lung) transplant or confirmation of child's inclusion on an official waiting list for such a procedure.

SENSORY AND COMMUNICATION SYSTEM

<input type="checkbox"/>	Loss of hearing		
<ul style="list-style-type: none"> Supply copies of specialist reports confirming the child's loss of hearing in both ears, including copies of the tests performed. Please indicate the child's Audiometry results for each ear: 			
Left ear	<input type="text"/> db		
Right ear	<input type="text"/> db		
<input type="checkbox"/>	Loss of sight		
<ul style="list-style-type: none"> Supply copies of specialist reports confirming the child's loss of sight in both eyes, including copies of the tests performed. Does the child present with: 			
Diabetic retinopathy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	supply grade <input type="text"/>
Visual field loss	Yes <input type="checkbox"/>	No <input type="checkbox"/>	supply radius <input type="text"/>
<ul style="list-style-type: none"> Supply the visual acuity readings: 		R <input type="text"/>	L <input type="text"/>

SECTION 7 DECLARATION BY MEDICAL SPECIALIST

I certify that I have personally attended to the patient and that all the foregoing statements are correct to the best of my knowledge. I confirm that I will adhere to all the applicable Data Protection legislation.

Signed at [redacted] on this [redacted] day of [redacted] 20[redacted]

Signature of medical specialist

Initials		<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value=""/>
Surname		<input style="width: 800px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value=""/>
Practice number		<input style="width: 200px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value=""/>
Qualifications		<input style="width: 200px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value=""/>
Address		<input style="width: 200px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value=""/> <input style="width: 200px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value=""/>
Telephone	Code	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value=""/> Number <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value=""/>
Fax	Code	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value=""/> Number <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value=""/>



Contract number