

General Information

Child	
Surname:	_____
Forenames:	_____
Date of birth:	_____
Place of birth:	_____
Gender:	_____
Address:	_____

Referring Paediatrician	
Surname:	_____
Forenames:	_____
Address:	_____

Telephone:	_____
E-mail:	_____

Mother	Father
Surname: _____	Surname: _____
Forenames: _____	Forenames: _____
Date of birth: _____	Date of birth: _____
Place of birth: _____	Place of birth: _____
Address*: _____	Address*: _____
Telephone: _____	Telephone: _____
E-mail: _____	E-mail: _____

* If different from child

Please provide details on further children on a separate sheet if necessary

Additional mutual children	
Surname: _____	Surname: _____
Forenames: _____	Forenames: _____
Date of birth: _____	Date of birth: _____
Gender: _____	Gender: _____

Please provide details on further children on a separate sheet if necessary

Additional children from other partnerships	
Surname: _____	Surname: _____
Forenames: _____	Forenames: _____
Date of birth: _____	Date of birth: _____
Gender: _____	Gender: _____
Different mother: <input type="checkbox"/>	Different mother: <input type="checkbox"/>
Different father: <input type="checkbox"/>	Different father: <input type="checkbox"/>

Please provide details on further children on a separate sheet if necessary

Family History / Pedigree**Mother**

Do you have health issues pre-existing conditions?

 Yes No

If YES, please provide further particulars here:

Please provide medical reports/ documents etc., if applicable, via our website www.cegat.com/consultation**Father**

Do you have health issues or pre-existing conditions?

 Yes No

If YES, please provide further particulars here:

Please provide medical reports/ documents etc., if applicable, via our website www.cegat.com/consultation**Additional Children**

Does one of your other children have developmental problems, a malformation/ congenital deformity or health issues?

 Yes No

If YES, please specify which child and what kind of problem/ issue. Please provide further particulars hereto:

Please provide medical reports/ documents etc., if applicable, via our website www.cegat.com/consultation

Please provide details on further children on a separate sheet of paper if necessary

Family history of mother and father

The following question refers to both your families over three generations. It comprises your own brothers and sisters and their children as well as your parents, your parents' siblings and their descendents. The question refers also to deceased relatives.

Are there any medical problems or health issues in your families?

 Yes

(e.g. disabilities, malformations, epilepsy, cancer, mental health problems, cardiovascular disorders, diabetes, hearing or visual impairments)

 No

If YES, please provide further particulars hereto (e.g. which relative, affected at what age with which issue; if deceased, at what age and cause of death):

Please provide details on further family members on a separate sheet if necessary

Pregnancy

Did you get pregnant after fertility treatment?

Yes
 No

If YES, please provide further particulars hereto (e.g. How long did you try to get pregnant before the treatment? Did you have miscarriages, and if so, how many? Which fertility therapies/reproductive strategies was administered?):

Did you feel well during pregnancy?

Yes
 No

If NO, please provide further particulars hereto (e.g. increased nausea and vomiting until which gestational week):

Did any complications occur during pregnancy? (e.g. premature labour or bleedings)?

Yes
 No

If YES, please provide further particulars hereto (e.g. which gestational week, therapies):

Did you have any health issues during pregnancy?

Yes
 No

If YES, please provide further particulars hereto (e.g. epilepsy, high blood pressure, proteinuria, liver/kidney/heart problems, diabetes, infectious diseases. Please specify, if applicable, from which to which gestational week the problem occurred, and which treatment/therapy was administered):

**Did you consume alcohol, smoke, or take any medication or illegal substances during pregnancy?
Was radiation therapy administered during pregnancy??**

Yes
 No

If YES, please provide further particulars hereto (e.g. which substance, at which gestational week and how long for):

**Were there any fetal or placental particularities detected in prenatal diagnostics?
(e.g. fetal malformations, fetal growth retardation, abnormal nuchal translucency, increased amniotic fluid,
placental insufficiency)**

Yes
 No

If YES, please provide further particulars hereto (e.g. which particularities, at which gestational week, treatments/therapies):

Please provide medical reports/ documents etc., if applicable, via our website www.cegat.com/consultation

Birth/ Neonatal Period

Child was born in the _____ gestational week

vaginal cephalic presentation breech presentation by Caesarean at home in a clinic

If there were particularities during birth, please provide further particulars hereto (e.g. assisted birth [either forceps or ventouse], dropping fetal heart rate, greenish discoloured amniotic fluid, small or calcified placenta, umbilical cord abnormalities [too long, wrapped round the child's neck]):

Please provide medical reports/ documents etc., if applicable, via our website www.cegat.com/consultation

Birth measurements

Birth length: _____ Umbilical cord pH: _____

Birth weight: _____ Apgar scores: _____

Head circumference: _____

Were there any complications or particularities after birth?

(e.g. amniotic fluid aspiration/ respiratory distress, resuscitation, neonatal intensive care treatment)

Yes

No

If YES, please provide further particulars here:

Were there any health issues or particularities during the neonatal period (first week)?

(z.B. assisted breathing/ventilation, tube feeding, icterus, epileptic seizures, muscular hypotonia or hypertonia, overflexion of the head, crybaby, remarkably quiet child)

Yes

No

If YES, please provide further particulars hereto (what exactly was the issue, when did it start and how long did it take, therapies):

Were there any malformations/ birth defects or marks at birth?

(e.g. limbs, inner organs, skin alterations, hearing or visual impairment, morphological peculiarities)

Yes

No

If YES, please provide further particulars here:

How long was your child treated in hospital after birth, and what kind of treatment was administered?

Please provide further particulars hereto including information regarding the hospital

Yes

No

(e.g. name, address, attending physician):

Please provide medical reports/ documents etc., if applicable, via our website www.cegat.com/consultation

Psychomotor Development

Developmental milestones of your child

Displays first social smile for the first time at the age of _____ Months

Lifts head from prone position for the first time at the age of _____ Months

Turns from back onto the tummy for the first time at the age of _____ Months

Able to grip selectively for the first time _____ Months

Sits down without help for the first time at the age of _____ Months

Crawls for the first time at the age of _____ Months

Stands without holding on to anything for the first time at the age of _____ Months

Walks (first steps) without help for the first time at the age of _____ Months

Gets first tooth at the age of _____ Months

Potty training completed at the age of _____ Months

Onset of puberty at the age of _____ Years

Other: _____

Speech development of your child

Uses first simple words (e.g. „mama“, „baba“ at the age of _____ Months

Uses two-word sentences for the first time at the age of _____ Months

Uses Three-word sentences for the first time at the age of _____ Months

Other: _____

Could you please describe the speech of your child at the age of three years (e.g. was it normal or were there deficiencies. Was your child able to form complex sentences with how many words. Was the speech slurred, or were there problems to articulate certain letters/ phonetic issues etc.)

Has your child been diagnosed with intellectual impairment Yes No

If YES, please provide further particulars hereto (e.g. learning disability, intellectual disability, known since when, IQ score if applicable):

Please provide medical reports/ documents etc., if applicable, via our website www.cegat.com/consultation**Has your child been treated in a social paediatric unit or a specialised children's centre?** Yes No

If YES, please provide further particulars hereto (z.B. since when, name and address of institution):

Please provide medical reports/ documents etc., if applicable, via our website www.cegat.com/consultation**Any supporting measures/ treatments/ therapies being administered?**

(e.g. physiotherapy, ergotherapy, speech therapy, music therapy, Montessori therapy)

 Yes No

If YES, please provide further particulars hereto (z.B. since when, what kind of therapy):

Please provide medical reports/ documents etc., if applicable, via our website www.cegat.com/consultation

Psychomotor Development / Medical History

Does your child display any behavioural problems or other particularities?

Yes

(e.g. hyperactivity, aggression, temper tantrums, shyness, sleeping difficulties)

No

If YES, please provide further particulars hereto (e.g. since when, treatment/ medication etc.):

Please provide medical reports/ documents etc., if applicable, via our website www.cegat.com/consultation

Does your child go to kindergarten/ nursery?

Yes

No

If YES, please provide further particulars hereto (e.g. since what age, what kind of kindergarten/ nursery, are there problems/ peculiarities with other children or kindergarten/ nursery teachers):

Does your child attend school?

Yes

No

If YES, please provide further particulars hereto (e.g. since what age, what kind of school, are there problems/ peculiarities with other children or teachers):

Medical History

Has your child been treated in a hospital?

Yes

No

If YES, please provide further particulars hereto (e.g. date, at what age, what for):

Please provide medical reports/ documents etc., if applicable, via our website www.cegat.com/consultation

Have there been any surgeries performed?

Yes

No

If YES, please provide further particulars hereto (e.g. what kind of surgery, date, at what age):

Please provide medical reports/ documents etc., if applicable, via our website www.cegat.com/consultation

Medical History

Are there any inner organ particularities?

Yes

No

If YES, please provide further particulars hereto (e.g. what kind of particularity, which organ, known since what age, treatments/ therapies to date):

Please provide medical reports/ documents etc., if applicable, via our website www.cegat.com/consultation

Are there hearing or visual impairments/ problems?

Yes

No

If YES, please provide further particulars hereto (e.g. what kind of problem/ issue, known since what age, treatments/ therapies (e.g. hearing aid, cochlear implant, spectacles):

Please provide medical reports/ documents etc., if applicable, via our website www.cegat.com/consultation

Further Particulars

Please provide the most recent body measurements of your child

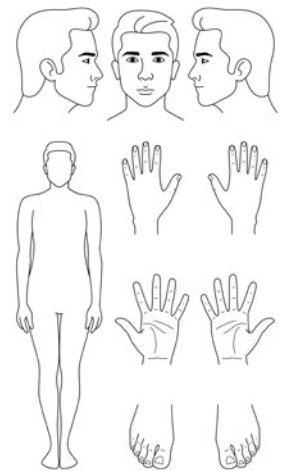
Height: _____ Date measured: _____

Weight: _____ Date weighted: _____

Head circumference: _____ Date measured: _____

Please take pictures of the child for documentation and diagnostic purposes (standard photographs as shown on the right) and send them via our website www.cegat.com/consultation.

Please send us additional pictures should there be any further or other features of interest (e.g. dark or bright spots, skin tags, dimples etc.).



Comments

Are there any other features which are unique to your child, or is there anything else which makes your child special and remarkable. Please tell us about it here:

Thank you for your time and patience.