



Reset form This form can be filled out on the screen Print form

## Inquiry from medical colleagues at the Center for Rare Diseases Ulm

Name o	f the practice / o	clinic				
Speciali:	zation (colleagu	ves responsible for the	patient)			
Title, fire	st name, last na	me			Т	
Telepho	ne number / e-r	mail (direct extension o	of the referring physicia	n for queries)		
Conta	ctability of t	he referring physi	cian			
Weekday		Monday	Tuesday	Wednesday	Thursday	Friday
Time						
exami	nation resul y recent find	ts that support yo ings, except for c	our suspicion of a learly pathologica	rare disease. In th I results.	ogically, newest find the case of repeated signed by you as the signed by you are the signed by you as the signed by you as the signed by you are the signed by the signed by you are the signed by the signed by you are the signed by the signed by you are the signed by the signed by the signed by your are t	l findings, send
	Has the registration form at a center been carefully completed and signed by you as the referring physician?  Bitte bei allen Felder auf die Fragestellung bezogen sorgfältig antworten.  Yes $\square$ / No $\square$					
II.	Was the medical history questionnaire completed and discussed with the patient? Yes $\;\Box$ / No $\Box$					
III.	Has a comprehensive basic diagnosis already been carried out? ? Yes $\;\square$ / No $\;\square$					
IV.	As the treating family doctor and / or specialist, do you keep an inquiry to our center for advice? Has an inquiry already been made to another center? If so, please wait for this result. We ask for your attention: Our center only has limited resources and the double burden of commissioning other centers in the form of such extensive case processing should be avoided. Yes $\square$ / No $\square$					

V.	Has an inquiry already been made to another center? If so, please wait for this result. We ask for your attention: Our center only has limited resources and the double burden of commissioning other centers in the form of such extensive case processing should be avoided. Yes $\square$ / No $\square$				
VI.	Have you checked in advance whether a center close to home is available for your patient? Yes $\Box$ / No $\Box$ If no, an inquiry under the required center specifications is welcome.				
VII.	Did you review our expertise at the center beforehand? You can find an overview here: Yes $\Box$ / No $\Box$				
Specia	alist Centers ZSE Ulm				
	Center for Rare Neurological Diseases (ZSNE) Center for Rare Neuromuscular Diseases (ZSNME) Center for Rare Heart Diseases (ZSH) Center for Rare Endocrine Diseases (ZSEE) Center for Rare Skeletal Diseases (ZSSK) Center for Rare Tumor Diseases & Tumor Susceptibility (ZSTETS) Center for Rare Skin Diseases (ZSD) Center for Rare Disorders of Haematopoiesis and Immune Deficiencies (ZSHI) Center for Rare Liver, Intestinal and Pancreatic Diseases (ZSLDPE)				
Place and	ore of doctor & stamp of the practice				