

Registration form at a center for rare diseases

(for patients with an unclear diagnosis)

To the Center for Rare Diseases (ZSE) Ulm

Patient data (address field as usual for KV)

Sending practice / clinic
 (Information: with direct dialing for medical inquiries)

Speak for a rare disease (please tick):

Family accumulation

Proven course

Multi-organ disease

age-atypical occurrence

Reason for your suspicion of a rare disease (SE)

Symptoms related to the suspicion of a rare disease

since when

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Previous diagnostics including results that indicate SE

Please attach an excerpt of the practice medical records.

Could there be any psychosomatic (accompanying) symptoms? Yes / No

The patient has given his consent to registration and data transfer.

Date: _____ Signature of patient: **X** _____

Date: _____ Signature of doctor: **X** _____