Enquiry form Centre for Rare Diseases (ZSE) Ulm

Fields marked with * are mandatory

*** Personal details:**

Surname/ first name*: _____

Age*: _____

Street*: _____

Post code/ city*: _____

Phone number*: _____

Mobile number: _____

Email: _____

Your gender ☐ female ☐ male

Are you affected yourself? ☐ Yes ☐ No

(if not) please provide your full name: _____

(if not) please state how you relate to the person concerned:

_____

(if no) is there a power of attorney? ☐ Yes ☐ No

Your reason for contacting the ZSE Ulm?

Information on a disease / search for expert ☐

Diagnosis / second opinion ☐

Have you previously submitted an enquiry to the ZSE Ulm or another centre?

☐ Yes When: _____

☐ No

Information on your medical history / clinical picture:

Which organs are involved:
(multiple answers possible)

☐ Eyes	☐ Pancreas	☐ Connective tissue	☐ Blood/ bone marrow
☐ Gallbladder	☐ Brain	☐ Joints	☐ Sex organs
☐ Skin	☐ Heart	☐ Endocrine system	☐ Lungs
☐ Stomach/ intestines	☐ Muscles	☐ Nerves	☐ Kidneys
☐ Ears	☐ Psyche	☐ Back/ spine	☐ Thyroid gland
☐ Teeth			
☐ Other _____			

Name of the diagnosis, if known:

_____

Do you have family members with the same or a similar diagnosis or symptoms?

☐ No

☐ Yes

☐ Mother ☐ Father ☐ Child(ren) ☐ Sibling(s) ☐ Grandparent(s)

Distant relatives: _____

Please provide a brief description of your symptomatology:

_____

_____

_____

_____

_____

Main symptoms

Other symptoms:

Specific questions/ problems:

What medication do you take?

Which doctors do you currently see or have you previously seen for this medical issue? (please include diagnostic findings)

☐ Allergology	☐ General Medicine	☐ Ophthalmology
☐ Surgery	☐ Dermatology	☐ Diabetology
☐ Endocrinology	☐ Gastroenterology	☐ Haematology
☐ ENT	☐ Human Genetics	☐ Immunology
☐ Internal Medicine	☐ Cardiology	☐ Neurosurgery
☐ Nephrology	☐ Neurology	☐ Orthopaedics
☐ Paediatrics	☐ Pneumology	☐ Psychiatry
☐ Psychology	☐ Psychosomatic Medicine	☐ Rheumatology
☐ Pain therapy	☐ Urology	☐ Dentistry

☐ Other: _____

Would you like to tell us anything else?

_____

_____

_____

_____

_____

_____