

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)
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Sending practice / clinic

Speak for a rare disease (please tick):

- | | |
|--|--|
| Family accumulation <input type="checkbox"/> | Proven course <input type="checkbox"/> |
| Multi-organ disease <input type="checkbox"/> | Age-atypical appearance <input type="checkbox"/> |

Symptoms

since when

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

previous diagnostics including results

Course, serious events and therapy (measures, medication, response to therapy, special adverse reactions (if necessary, doctor's letters, print out medical records, enclose family tree))

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

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

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

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