

Reset form

This form can be filled out on the screen

Print form

## 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)**

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**Symptoms related to the suspicion of a rare disease**

**since when**

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

**Previous diagnostics including results that indicate SE**

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**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** \_\_\_\_\_