Patient registration and clinical history form

Paper or PDF intake form. Fields match the Tribro-Omics phenotype module, so the form can be typed in without re-coding.

1. Registration

Hospital / institution ID _____ Study / cohort ID _____

First name _____ Last name _____

Date of birth (DD/MM/YYYY) _____ Biological sex: ☐ Female ☐ Male ☐ Intersex ☐ Unknown

Gender identity (optional) _____ Ancestry (optional) _____

Country _____ City / region _____

Phone _____ Email _____

Referring physician _____ Clinical geneticist _____

Primary clinician _____ Registration date _____

Case type: ☐ Adult ☐ Paediatric ☐ Neonatal ☐ Prenatal ☐ Deceased Family ID (if family study): _____

Referral indication

_____

_____

_____

2. Presenting complaints

Complaint (primary first)	Age / date of onset	Duration	Course	Severity	Source

Course: stable / progressive / improving / episodic / resolved. Source: clinician / patient / caregiver / medical record / test.

3. Medical history

Previous diseases and chronic conditions

Hospitalisations and surgeries

Previous diagnoses and previous genetic testing (test, laboratory, result)

Allergies and adverse drug reactions

Medication	Dose	Start	Stop	Response

4. Birth and developmental history

Gestational age (weeks)

Delivery type

Birth weight (g)

Birth length (cm)

Head circumference (cm)

APGAR 1 min / 5 min

NICU admission: ☐ Yes ☐ No ☐ Unknown

Sat unsupported (months)

Walked (months)

First words (months)

Pregnancy history and maternal complications

Neonatal complications and congenital abnormalities

Developmental regression: ☐ Yes ☐ No ☐ Unknown

Intellectual, speech / language, motor and behavioural development

5. Completed by

Name

Role

Date

Signature

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