PG-E

QUESTIONNAIRE

General Information

Child

Surname: _____

Forenames: _____

Date of birth: _____

Place of birth: _____

Gender: _____

Address: _____

_____

_____

Referring Paediatrican

Surname: _____

Forenames: _____

Address: _____

_____

_____

Telephone: _____

E-mail: _____

Mother

Surname: _____

Forenames: _____

Date of birth: _____

Place of birth: _____

Address*: _____

_____

_____

Telephone: _____

E-mail: _____

Father

Surname: _____

Forenames: _____

Date of birth: _____

Place of birth: _____

Address*: _____

_____

_____

Telephone: _____

E-mail: _____

* If different from child
Please provide details on further children on a separate sheet if necessary

Additional mutual children

Surname: _____

Forenames: _____

Date of birth: _____

Gender: _____

Surname: _____

Forenames: _____

Date of birth: _____

Gender: _____

Please provide details on further children on a separate sheet if necessary

Additional children from other partnerships

Surname: _____

Forenames: _____

Date of birth: _____

Gender: _____

Different mother: [ ]

Different father: [ ]

Surname: _____

Forenames: _____

Date of birth: _____

Gender: _____

Different mother: [ ]

Different father: [ ]

Please provide details on further children on a separate sheet if necessary

PG-E

QUESTIONNAIRE

Family History / Pedigree

Mother

Do you have health issues pre-existing conditions? [ ] Yes [ ] No

If YES, please provide further particulars here:

Please provide medical reports/ documents etc., if applicable, via our website **www.cegat.com/consultation**

Father

Do you have health issues or pre-existing conditions? [ ] Yes [ ] No

If YES, please provide further particulars here:

Please provide medical reports/ documents etc., if applicable, via our website **www.cegat.com/consultation**

Additional Children

Does one of your other children have developmental problems, a malformation/ congenital deformity or health issues? [ ] Yes [ ] No

If YES, please specify which child and what kind of problem/ issue. Please provide further particulars hereto:

Please provide medical reports/ documents etc., if applicable, via our website **www.cegat.com/consultation**
Please provide details on further children on a separate sheet of paper if necessary

Family history of mother and father

The following question refers to both your families over three generations. It comprises your own brothers and sisters and their children as well as your parents, your parents' siblings and their descendents. The question refers also to deceased relatives.

Are there any medical problems or health issues in your families? [ ] Yes
(e.g. disabilities, malformations, epilepsy, cancer, mental health problems, cardiovascular disorders, diabetes, hearing or visual impairments) [ ] No

If YES, please provide further particulars hereto (e.g. which relative, affected at what age with which issue; if deceased, at what age and cause of death):

Please provide details on further family members on a separate sheet if necessary

QUESTIONNAIRE

Pregnancy

Did you get pregnant after fertility treatment?

[ ] Yes
[ ] No

If YES, please provide further particulars hereto (e.g. How long did you try to get pregnant before the treatment? Did you have misscarriages, and if so, how many? Which fertility therapies/reproductive strategies was administered?):

Did you feel well during pregnancy?

[ ] Yes
[ ] No

If NO, please provide further particulars hereto (e.g. increased nausea and vomiting until which gestational week):

Did any complications occur during pregnancy? (e.g. premature labour or bleedings)?

[ ] Yes
[ ] No

If YES, please provide further particulars hereto (e.g. which gestational week, therapies):

Did you have any health issues during pregnancy?

[ ] Yes
[ ] No

If YES, please provide further particulars hereto (e.g. epilepsy, high blood pressure, proteinuria, liver/kidney/heart problems, diabetes, infectious diseases. Please specify, if applicable, from which to which gestational week the problem occured, and which threatment/therapy was administered):

Did you consume alcohol, smoke, or take any medication or illegal substances during pregnancy?
Was radiation therapy administered during pregnancy??

[ ] Yes
[ ] No

If YES, please provide further particulars hereto (e.g. which substance, at which gestational week and how long for):

Were there any fetal or placental particularities detected in prenatal diagnostics?
(e.g. fetal malformations, fetal growth retardation, abnormal nuchal translucency, increased amniotic fluid, placental insufficiency)

[ ] Yes
[ ] No

If YES, please provide further particulars hereto (e.g. which particularities, at which gestational week, treatments/therapies):

Please provide medical reports/ documents etc., if applicable, via our website **www.cegat.com/consultation**

QUESTIONNAIRE

Birth/ Neonatal Period

Child was born in the _____ gestational week

[ ] vaginal [ ] cephalic presentation [ ] breech presentation [ ] by Caesarean [ ] at home [ ] in a clinic

If there were particularities during birth, please provide further particulars hereto (e.g. assisted birth [either forceps or ventouse], dropping fetal heart rate, greenish discoloured amniotic fluid, small or calcified placenta, umbilical cord abnormalities [too long, wrapped round the child's neck]):

_____

_____

Please provide medical reports/ documents etc., if applicable, via our website **www.cegat.com/consultation**

Birth measurements

Birth lenghth: _____ Umbilical cord pH: _____

Birth weight: _____ Apgar scores: _____

Head circumference: _____

Were there any complications or particularities after birth? [ ] Yes
(e.g. amniotic fluid aspiration/ respiratory distress, resuscitation, neonatal intensive care treatment) [ ] No

If YES, please provide further particulars here:

_____

_____

Were there any health issues or particularities during the neonatal period (first week)? [ ] Yes
(z.B. assisted breathing/ventilation, tube feeding, icterus, epileptic seizures, muscular hypotonia or hypertonia, [ ] No
overflexion of the head, crybaby, remarkably quiet child)

If YES, please provide further particulars hereto (what exactly was the issue, when did it start and how long did it take, therapies):

_____

_____

Were there any malformations/ birth defects or marks at birth? [ ] Yes
(e.g. limbs, inner organs, skin alterations, hearing or visual impairment, morphological pecularities) [ ] No

If YES, please provide further particulars here:

_____

_____

How long was your child treated in hospital after birth, and what kind of treatment was administered? [ ] Yes
Please provide further particulars hereto including information regarding the hospital [ ] No

(e.g.name, address, attending physician):

_____

_____

Please provide medical reports/ documents etc., if applicable, via our website **www.cegat.com/consultation**

QUESTIONNAIRE

Psychomotor Development

Developmental milestones of your child

Displays first social smile for the first time at the age of _____ Months

Lifts head from prone position for the first time at the age of _____ Months

Turns from back onto the tummy for the first time at the age of _____ Months

Able to grip selectively fort he first time _____ Months

Sits down without help for the first time at the age of _____ Months

Crawls for the first time at the age of _____ Months

Stands without holding on to anything for the first time at the age of _____ Months

Walks (first steps) without help for the first time at the age of _____ Months

Gets first tooth at the age of _____ Months

Potty training completed at the age of _____ Months

Onset of puberty at the age of _____ Years

Other: _____

Speech development of your child

Uses first simple words (e.g. „mama", „baba" at the age of _____ Months

Uses two-word sentences for the first time at the age of _____ Months

Uses Three-word sentences for the first time at the age of _____ Months

Other: _____

Could you please describe the speech of your child at the age of three years (e.g. was it normal or were there deficiencies. Was your child able to form complex sentences with how many words. Was the speech slurred, or were the problems to articulate certain letters/ phonetic issues etc.)

_____

Has your child been diagnosed with intellectual impairment

[ ] Yes
[ ] No

If YES, please provide further particulars hereto (e.g. learning disability, intellectual disability, known since when, IQ score if applicable):

_____

Please provide medical reports/ documents etc., if applicable, via our website **www.cegat.com/consultation**

Has your child been treated in a social paediatric unit or a specialised children's centre?

[ ] Yes
[ ] No

If YES, please provide further particulars hereto (z.B. since when, name and address of institution):

_____

Please provide medical reports/ documents etc., if applicable, via our website **www.cegat.com/consultation**

Any supporting measures/ treatments/ therapies being administered?
(e.g. physiotherapy, ergotherapy, speech therapy, music therapy, Montessori therapy)

[ ] Yes
[ ] No

If YES, please provide further particulars hereto (z.B. since when, what kind of therapy):

_____

Please provide medical reports/ documents etc., if applicable, via our website **www.cegat.com/consultation**

QUESTIONNAIRE

Psychomotor Development / Medical History

Does your child display any behavioural problems or other particularities?
(e.g. hyperactivity, aggression, temper tantrums, shyness, sleeping difficulties)

[ ] Yes
[ ] No

If YES, please provide further particulars hereto (e.g. since when, treatment/ medication etc.):

Please provide medical reports/ documents etc., if applicable, via our website **www.cegat.com/consultation**

Does your child go to kindergarten/ nursery?

[ ] Yes
[ ] No

If YES, please provide further particulars hereto (e.g. since what age, what kind of kindergarten/ nursery, are there problems/ pecularities with other children or kindergarten/ nursery teachers)::

Does your child attend school?

[ ] Yes
[ ] No

If YES, please provide further particulars hereto (e.g. since what age, what kind of school, are there problems/ pecularities with other children or teachers):

Medical History

Has your child been treated in a hospital?

[ ] Yes
[ ] No

If YES, please provide further particulars hereto (e.g. date, at what age, what for):

Please provide medical reports/ documents etc., if applicable, via our website **www.cegat.com/consultation**

Have there been any surgeries performed?

[ ] Yes
[ ] No

If YES, please provide further particulars hereto (e.g. what kind of surgery, date, at what age):

Please provide medical reports/ documents etc., if applicable, via our website **www.cegat.com/consultation**

QUESTIONNAIRE

Medical History

Are there any inner organ particularities? [ ] Yes [ ] No

If YES, please provide further particulars hereto (e.g. what kind of particularity, which organ, known since what age, treatments/ therapies to date):

Please provide medical reports/ documents etc., if applicable, via our website **www.cegat.com/consultation**

Are there hearing or visual impairmants/ problems? [ ] Yes [ ] No

If YES, please provide further particulars hereto (e.g. what kind of problem/ issue, known since what age, treatments/ therapies (e.g. hearing aid, cochlear implant, spectacles):

Please provide medical reports/ documents etc., if applicable, via our website **www.cegat.com/consultation**

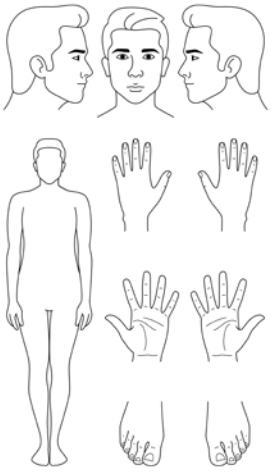
Further Particulars

Please provide the most recent body measurements of your child

Height: _____ Date measured: _____

Weight: _____ Date weighted: _____

Head circumference: _____ Date measured: _____



Please take pictures of the child for documentation and diagnostic purposes (standard photographs as shown on the right) and send them via our website www.cegat.com/consultation.

Please send us additional pictures should there be any further or other features of interst (e.g. dark or bright spots, skin tags, dimples etc.).

Comments

Are there any other features which are unique to your child, or is there anything else which makes your child special and remarkable. Please tell us about it here:

Thank you for your time and patience.