

FOLLOW UP

Name:

date	date of last visit
height cm	weight kg
blood pressure	Urine test strip: Proteine _____ Leucocytes _____ Ery _____
laboratory done	
course of disease	
medical treatment/drugs	

daily fluid intake:	/ day	micturition	/day
edema	<input type="radio"/> No		<input type="radio"/> Yes
continence of urine	<input type="radio"/> No		<input type="radio"/> Yes
recurring urinary tract infections	<input type="radio"/> No		<input type="radio"/> Yes
gross hematuria	<input type="radio"/> No		<input type="radio"/> Yes

Cardiology

cardiologic consultation performed and enclosed

24 h RR measurement? done?	<input type="radio"/> No	<input type="radio"/> Yes	date performed _____ <input type="radio"/> no hypertension <input type="radio"/> hypertension <input type="radio"/> nocturnal fall of blood pressure normal <input type="radio"/> nocturnal fall of blood pressure not normal <input type="radio"/> other _____ <input type="radio"/> results enclosed
Echocardiography done?	<input type="radio"/> No	<input type="radio"/> Yes	date done _____ <input type="radio"/> normal <input type="radio"/> left ventricular hypertrophy <input type="radio"/> other: _____
ECG done?	<input type="radio"/> No	<input type="radio"/> Yes	date done _____ <input type="radio"/> normal <input type="radio"/> pathologic: _____
other:			

Gastroenterology

gastroenterologic consultation performed and enclosed

chronic constipation	N	?	Y	hepatic cysts	N	?	Y
chronic diarrhea	N	?	Y	jaundice	N	?	Y
palpable hepatomegaly	N	?	Y	ascites	N	?	Y
palpable splenomegaly	N	?	Y	esophageal varices	N	?	Y
elevated liver enzymes	N	?	Y	hyperphagia	N	?	Y
cholelithiasis	N	?	Y	Hirschsprung disease	N	?	Y
gastrointestinal bleeding	N	?	Y	Endoskopie: (Datum und Ergebnis):			
other:							

Pulmology / ORL

Pulmonary consultation performed and enclosed

recurring infections of respiratory tract or ORL	N	?	Y	anosmia	N	?	Y
asthma bronchiale	N	?	Y	paracentesis	N	?	Y
polyposis nasi	N	?	Y	hearing loss	N	?	Y
diurnal tiredness	N	?	Y	hearing aid device	N	?	Y
persistent snoring	N	?	Y		N	?	Y
other:							

Ophthalmology

ophthalmologic consultation performed and enclosed

vision aid	N	?	Y	
ophthalmologic consultation performed	N	?	Y	date _____
oculomotor apraxia	N	?	Y	
nystagm	N	?	Y	

visual field narrowing	N	?	Y	
cataract	N	?	Y	
Fundus hypertonicus	N	?	Y	
other				

Central nervous system

neurologic consultation performed and enclosed

ataxia	N	?	Y	
muscular hypotonia	N	?	Y	
microcephalus	N	?	Y	
mental retardation	N	?	Y	
epileptic seizures	N	?	Y	last episode _____ how often? _____
EEG performed	N	?	Y	last EEG _____ <input type="radio"/> normal <input type="radio"/> abnormal:
autoaggression	N	?	Y	
autism spectrum disorder	N	?	Y	
disorder of impulse control	N	?	Y	
learning difficulties	N	?	Y	
Year of schooling and school performance:				
other				

Developmental milestones

free sitting	free walking	continence of urine
free standing	please enter months of life	

Gender and Sexual development

femaie	male
menarche _____ years	PH _____ G _____
PH _____ B _____	testicular volume right _____ / left _____

Renal ultrasound

Name: _____ date _____ examiner _____

	RIGHT KIDNEY	LEFT KIDNEY
localization	<input type="radio"/> orthotopic <input type="radio"/> dystopic: _____	<input type="radio"/> orthotopic <input type="radio"/> dystopic: _____
outer shape	<input type="radio"/> smooth <input type="radio"/> (fetal) lobulation	<input type="radio"/> smooth <input type="radio"/> (fetal) lobulation
renal length	cm	cm
renal width 1	cm	cm
renal width 2	cm	cm
volume	ml	ml
renal pelvis	mm	mm
renal parenchyma	<input type="radio"/> normal <input type="radio"/> high echogenity	<input type="radio"/> normal <input type="radio"/> high echogenity
corticomedullary differentiation	<input type="radio"/> normal <input type="radio"/> reduced <input type="radio"/> abolished	<input type="radio"/> normal <input type="radio"/> reduced <input type="radio"/> abolished
renal cysts	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unclear	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unclear
• localization of cysts	<input type="radio"/> cortical <input type="radio"/> medullar	<input type="radio"/> cortical <input type="radio"/> medullar
• number of cysts	<input type="radio"/> < 5 cysts <input type="radio"/> > 5 cysts	<input type="radio"/> < 5 cysts <input type="radio"/> > 5 cysts
• size of cysts	<input type="radio"/> size < 10 mm (all cysts) <input type="radio"/> size > 10 mm (min 1cyst)	<input type="radio"/> size < 10 mm (all cysts) <input type="radio"/> size > 10 mm (min 1cyst)
lower urinary tract		
urinary tract obstruction	<input type="radio"/> Yes _____ <input type="radio"/> No <input type="radio"/> Unclear	<input type="radio"/> Yes _____ <input type="radio"/> No <input type="radio"/> Unclear
other:		

Abdominal ultrasound

Name: _____ date _____ examiner _____

inhomogeneous hepatic parenchyma	<input type="radio"/> No	<input type="radio"/> unclear	<input type="radio"/> Yes	
hepatic steatosis	<input type="radio"/> No	<input type="radio"/> unclear	<input type="radio"/> Yes	
periportal fibrosis	<input type="radio"/> No	<input type="radio"/> unclear	<input type="radio"/> Yes	
ascites	<input type="radio"/> No	<input type="radio"/> unclear	<input type="radio"/> Yes	
biliary duct dilatation	<input type="radio"/> No	<input type="radio"/> unclear	<input type="radio"/> Yes	<input type="radio"/> intrahepatic <input type="radio"/> extrahepatic
biliary duct cysts	<input type="radio"/> No	<input type="radio"/> unclear	<input type="radio"/> Yes	
collateral circulation	<input type="radio"/> No	<input type="radio"/> unclear	<input type="radio"/> Yes	<input type="radio"/> umbilical <input type="radio"/> omentum minus <input type="radio"/> lower liver border <input type="radio"/> spleen
portal flow < 16 cm/sec	<input type="radio"/> No	<input type="radio"/> unclear	<input type="radio"/> Yes	
hepatic cysts	<input type="radio"/> No	<input type="radio"/> unclear	<input type="radio"/> Yes	
liver size in medioclavicular line				cm
pancreatic cysts	<input type="radio"/> No	<input type="radio"/> unclear	<input type="radio"/> Yes	
spleen size				cm
other:				

Any abnormalities of female genitals in abdominal ultrasound: