

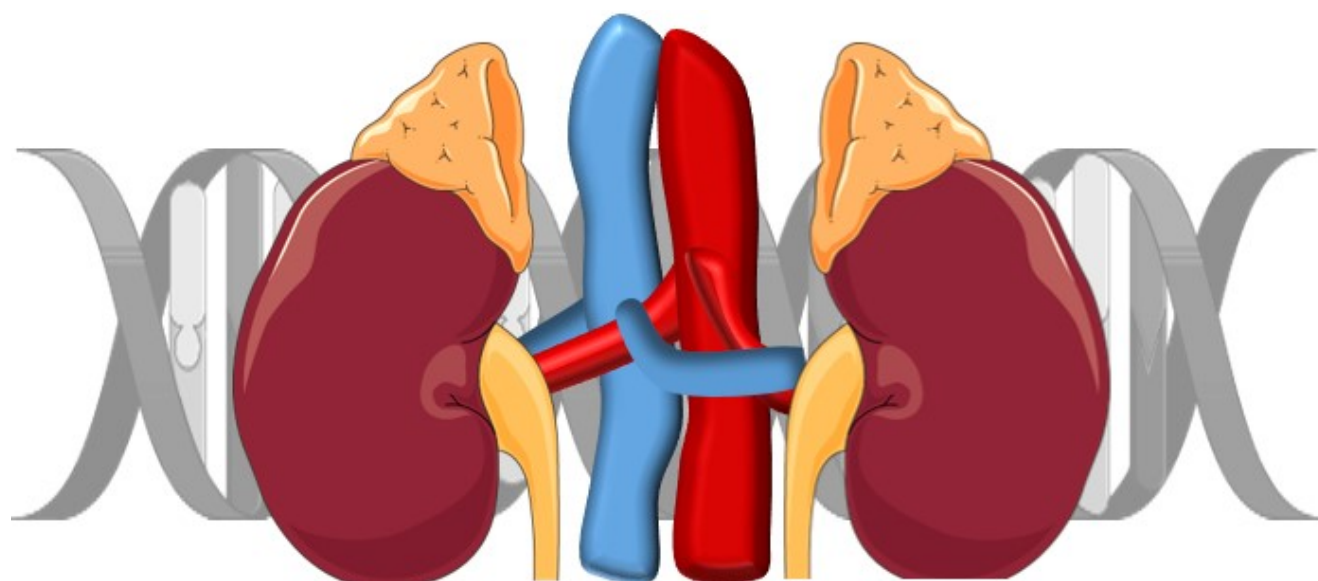
ADRENAL Patient Questionnaire

Thank you for returning to provide more information on your patient. Please take time to fill in the following questionnaire as thoroughly as you can.

Physician Information

Survey Completion Date _____

Date Calculation _____



A.D.R.E.N.A.L

Referring Physician _____

Physician's Email Address _____

Contact Number _____

Date of Next Consultation _____

Auxology Data

Current Height (cm) _____

Current Weight (kg) _____

Date of Assessment _____

Age at Assessment _____

Affected Siblings Yes
 No

Affected Sibling Information _____
(Please give details)

Puberty

Pubertal Status

- Prepubertal
- Pubertal

Age of Onset of Puberty

Pubertal Staging

Evidence of Dysregulated Puberty

- Yes
- No

Details

Recent History

Learning Difficulties

- Yes
- No

Details

Disordered Sexual Differentiation

- Yes
- No

Details

Significant Events

Additional Conditions or Features

Investigations

Bone Age and Chronological Age at Time of Assessment _____

Cortisol Units

-
- ug/dL
-
-
- nmol/l

Cortisol Level _____

Cortisol Level _____

Normal Cortisol Range _____

ACTH Units

-
- pg/ml
-
-
- pmol/l

ACTH Level _____

Calculated ACTH Level _____

Normal ACTH Range _____

Renin Units

-
- pg/mL
-
-
- pmol/L

Direct Renin Concentration _____

Renin Calculation _____

Normal Renin Concentration Range _____

Renin Activity (ng/mL/h) _____

Aldosterone Units

-
- ng/dL
-
-
- pmol/L

Aldosterone Level (serum) _____

Aldosterone Calculated _____

Normal Aldosterone Range _____

DHEAS Units

-
- ug/dL
-
-
- umol/L

DHEAS Level _____

DHEAS Calculated _____

Normal DHEAS Range _____

Androstenedione Units

-
- ng/dL
-
-
- nmol/L

Androstenedione Level _____

Androstenedione Calculated _____

Normal Androstenedione Range _____

17-OHP Units

-
- ng/dL
-
-
- nmol/L

17-OHP Level

17-OHP Calculated

Normal 17-OHP Range

Additional Biochemistry of Note

Imaging

Adrenal Imaging Performed

- Yes
- No

Details

Pituitary Imaging Performed

- Yes
- No

Details

Treatment

Steroid Replacement

- Hydrocortisone
- Other

Hydrocortisone Replacement Dose

Alternative Steroid Replacement Regime

Mineralocorticoid Deficiency

- Yes
- No

Fludrocortisone Replacement Dose

Other Notes Regarding Medication

Sample Collection

Blood/DNA Collected?

- Yes
- No

Family Blood/DNA Collected?

- Yes
- No

Family Member DNA

- Mother
- Father
- Affected Brother
- Brother
- Affected Sister
- Sister
- Other

Please give details

Other Comments

(Any other information deemed important)

Please upload anything of importance