A form – Admission

Prospective

CLEFT LIP AND PALATE REGISTRY
DENTISTRY AND ORAL SURGERY STUDY GROUP

*1. Patient personal details

Insurance number:…………………………………………………………………
Name: ……………………………………………………………………………
Date of birth:.……………………………………………………………...……
Gender: female / male
Race: Asian-Indian / Caucasian / Black / N/A
Date of interview: ………………………………………… (csak dátum)

2. Details from the medical history of mother during the pregnancy

Smoking: yes / no

if yes: amount (cigarettes/day):…………………
for how many years? …………………………

if not: Did he/she smoke earlier? yes/no/ N/A
if yes: amount (cigarettes/day):…………………………………
for how many years?………………………………………
Number of years since quit: ……………………………….
Did the physician provide smoking cessation guidance to patient? yes/no/ N/A

Does the patient suffer from secondhand smoke? yes/no/ N/A

Drug abuse: yes / no *Prescribed medication should not be included here.*

if yes: type of drug:…………………………………….
amount: heavy moderate mild
for how many years:……………………………

Alcohol consumption: yes / no

Guide for estimation of the amount:
1 dl beer (4.5 vol. %) = ~3.5 g alcohol
1 dl wine (12.5 vol. %) = ~10 g alcohol
1 dl hard drink (50 vol. %) = ~40 g alcohol

If yes: frequency: occasionally/monthly/weekly/daily/N/A
amount (g/occasion):………
for how many years: ………

If not: Did he/she drink alcohol earlier? yes/no/ N/A
If yes: frequency: occasionally/monthly/weekly/daily/N/A
amount (g/occasion):…………………………………
for how many years?………………………………………
Number of years since quit:.........................

Special diet: yes / no

if yes: (többválasztós)

Diet form: vegetarian / vegan / gluten free / lactose free / other, please specify:

3. Risk factors of mother during the pregnancy

The answer is "yes" if the etiological factor is proven, the answer is "no" if the etiological factor can be ruled out, the answer is "N/A" if the etiological factor was not examined. Please answer "yes" to" Idiopathic" if etiological factor was not identified.

Aspirin	yes	no	N/A
Dilantin	yes	no	N/A
6-Mercaptopurin	yes	no	N/A

any kind of medicine: ……………….

environmental factors:
viral infections: yes no N/A
genetic screening for Down syndrome: yes no N/A
height of mother: (cm)
weight of mother: (kg)
BMI of mothers:…………

dibetes mellitus of mother:	yes	no	N/A
hypertension of mother:	yes	no	N/A
hyperlipidemia of mother:	yes	no	N/A

mother's age at child-birth:…………..
What is the number of pregnancies you had including this child?

(szülészeten milyen szűrési vizsgálatok vannak?)
pubmeden megnézni milyen összefüggéseket találtak már eddig?
others:…………..

4. Heredity of cleft (includes all known relatives)

Family history of clefts: yes no N/A
If yes, relationship: father / mother / sibling / child / paternal grandfather / paternal grandmother / maternal grandmother / maternal grandfather / paternal cousin / maternal cousin / father sibling (uncle, aunt) / mother sibling (uncle, aunt) / siblings child (nephew, niece) / grandchild / paternal grandfathers sibling / paternal grandmothers sibling / maternal grandfathers sibling / maternal grandmothers sibling / other blood relation / spouse (husband, wife, other not blood relation)

5. Details from the medical history of the patient

General health:

Is your child in good health? yes/ no/ NA

Has your child ever been hospitalized, had general anesthesia, or emergency room visits? yes/ no/ NA (ezeket a kérdéseket szétszedni)

If yes, explain:………………….

be hellene tennis. hogy történt-e már korábban orvosi beavatkozás? Has any medical intervention been done before?

ha igen mik?

Are your child's immunizations up to date? yes/ no/ NA

Feeding:

mother breast / baby bottle / Habermann feeder / Soft cup feeder / SNS device / other:…………

breast milk/ tipster/ other, specify:………………..

Regurgitation:

breast milk: yes/ no

infant formula: yes/ no

yoghurt: yes/ no

chocolate: yes/ no

fluid: yes/ no

solid food: yes/ no

other:…………

Medications:

Does your child have allergies to medications, medical products, or the environment? yes no N/A

If yes, please list: drug / latex/ dust/ mites/ pollen/ mold / other:……

Medications taken regularly by child: yes / no

Please specify the name of the active substance (e.g. "acetylsalicylic acid"). Please specify the amount using the International System of Units –SI (e.g. milligram, gram)

if yes:
Name of medication:……….……..
active substance:………………
dose: …………. (number only!)
unit: g / mg / IU
if fluid, concentration (e.g. 10%, 1g/2ml, etc.)……………………
how many times per day (e.g. 3): ………….
method of administration: intravenious / oral / enteral / subcutan
other notes: ……………………………………

Has your child ever had or been treated by a physician for:

Select one for each condition: (többválasztós)

□ **Problem at birth** □ **Heart murmur** □ **Heart disease**

□ Rheumatic fever □ Anemia □ Sickle cell anemia □ Bleeding/ hemophilia
□ Blood transfusion □ Hepatitis □ AIDS or HIV+ □ Tuberculosis
□ Liver disease □ Kidney disease □ Diabetes □ Arthritis □ Cancer
□ Cerebral palsy □ Seizures □ Asthma □ Speech or hearing problem
□ Eye problems/ contact lenses □ Skin problems □ Tonsil/ adenoid/ sinus problems □ Sleep problems □ Emotional/ behavior problems
□ Radiation therapy □ Growths problems □ Attention deficit disorders
□ Osteoporosis (bisphosphonates) Other, specify:……….

6. Diagnosis (State primary and, if applicable, secondary diagnoses)
6.1. ICD 10

ICD10 code		Primary (tick only one)	Secondary (tick only one)
			No sec. code ☐
Q3500	Cleft hard palate	☐	☐
Q3530	Cleft soft palate	☐	☐
Q3550	Cleft hard palate with cleft soft palate	☐	☐
Q3570	Uvula bifida		
Q3600	Cleft lip, bilateral	☐	☐
Q3610	Cleft lip, median	☐	☐
Q3690	Cleft lip, unilateral	☐	☐
Q3700	Cleft hard palate with bilateral cleft lip	☐	☐
Q3710	Cleft hard palate with unilateral cleft lip	☐	☐
Q3720	Cleft soft palate with bilateral cleft lip	☐	☐
Q3730	Cleft soft palate with unilateral cleft lip	☐	☐
Q3740	Cleft hard and soft palate with bilateral cleft lip	☐	☐

Q3750	Cleft hard and soft palate with unilateral cleft lip	☐	☐
Q3850	Congenital malformations of palate, not elsewhere classified	☐	☐

6.2. Genetic screening

6.2.1. Multidisciplinary team

Multidisciplinary team meeting? yes/ no/ NA
If yes: When? (dd-mm-yyyy)
Which areas of expertise did you attend? orthodontist; pediatric surgeon; oral and maxillofacial surgeon; plastic surgeon; ear- nose- throat specialist; audiologist; geneticist; speech and language therapist; psychologist; others:………………
Whatwas the decision of the meeting? operation; genetic testing; conservative treatment; other:….

Have you had a genetic test? yes/ no/ NA
If yes: When was the genetic test?. (dd-mm-yyyy)
What was the result of the genetic test?

Pierre Robin Sequence
No / Unknown / Yes*), specify when diagnosed
Age of diagnosis: Age ≤ 3months / Age >3months, give date (yyyy-mm-dd)
*) Yes must only be ticked if all the three conditions Glossoptosis, Micrognathi and Cleft palate are present

Syndrome
Trisomy 13 yes / no
Trisomy 18 yes / no
Velocardiofacial syndrome (22q11 delation) yes / no
Pierre Robin sequence yes / no
CHARGE association yes / no
Goldenhar syndrome yes / no
Ectrodactyly-ectodermal dysplasia-clefting syndrome yes / no
Gorlin syndrome yes / no
Oto-palato-digital syndrome yes / no
Smith -Lemli-Opitz syndrome yes / no
Stickler syndrome yes / no

Treacher Collins syndrome yes / no
Van der Woude syndrome yes / no
de Lange syndrome yes / no
Kabuki syndrome yes / no
Fetal alcohol syndrome yes / no
Fetal valproate syndrome yes / no
Other yes / no If yes, specify:……………………

Other deformity
No / Yes, Specify (Please, use block letters): ………………….

7. State
7.1.Cleft morphology

Nasal floor: Right Yes/ No; Left Yes/ No
Lip: Right Yes/ No; Left Yes/ No
Alveolus: Right Yes/ No; Left Yes/ No
Primary palate: Right Yes/ No; Left Yes/ No
Hard palate: Right Yes/ No; Left Yes/ No
Soft palate: Right Yes/ No; Left Yes/ No

7.2. Body index:
Body weight on the day of the examination: (kg)
Body height on the day of the examination: (cm)
BMI:

8. Symptoms
Skin:
Deficient across partial (incomplete) vertical height of upper lip yes/ no
Deficient across full (complete) vertical height of upper lip yes/ no
Muscle (m. orbicularis oris) :
Deficient and/or disoriented across cleft yes/ no
Absent in prolabium yes/ no
Lip:
Cupid's bow is less conspicuous and upwardly rotated toward the cleft side. Philtral column is shorter on the cleft side yes/ no
Bilateral loss of Cupid's bow and philtral structures yes/ no
Bone:

Mild alveolar cleft yes/ no
Moderate alveolar cleft yes/ no
Wide alveolar cleft yes/ no
Premaxilla may be significantly protruded yes/ no
Nose:
Nasal tip: normal (symmetric)/ flat and deflected to non-cleft side/ flat and broad
Columella: normal (symmetric)/ short
Nasal base: normal (symmetric)/ Lateral crus of alar cartilage is displaced laterally, posteriorly, and inferiorly on cleft side/ Bilateral lateral crura of alar cartilages are displaced laterally, posteriorly, and inferiorly
Nostril: oriented vertically/ oriented horizontally on cleft side / oriented horizontally on both sides
Septum: normal (caudal)/ displaced to non-cleft side

9. Pre-operative treatment

None/ Unknown / Yes, specify below (Tick one or more alternatives)
Tape: yes/ no
Plate: yes/no
Nasal alar elevator: yes/no
Nasoalveolar molding: yes/ no
Other, Specify ....
(Please, use block letters)
How long was she/he taping? …………..weeks
How long had she/he plate? …………..weeks
How long had she/ he nasal alar elevator? …………..weeks
How long had she / he nasoalveolar molding? …………..weeks

10. Operation

Lip operation
Not performed / Primary surgery / Secondary surgery

Operation code	(State primary and, if applicable, secondary code)	Major code (tick only one)	Minor code (tick only one)
			No minor code ☐
58981	Closing of incomplete lateral cleft lip (Lipadhesion)	☐	☐

Operation code	(State primary and, if applicable, secondary code)	Major code (tick only one)	Minor code (tick only one)
58983	Lip and outer mouth plastic surgery, according to Millard (Lipplasty)	☐	☐
	Other procedures	☐	☐

Cleft soft and hard palate operation
Not performed / Primary surgery / Secondary surgery
(több válasz is)

Operation code	(State primary and, if applicable, secondary code)	Major code (tick only one)	Minor code (tick only one)
			No minor code ☐
	Repair of fistula	☐	☐
52752	Hard and soft palate plastic surgery in one session	☐	☐
52751	Hard palate plastic surgery	☐	☐
52750	Soft palate plastic surgery	☐	☐
	Pharyngeal flap	☐	☐
	Plastic operation of pharynx	☐	☐

Nose operation
Not performed / Primary surgery / Secondary surgery

Operation code	(State primary and, if applicable, secondary code)	Major code (tick only one)	Minor code (tick only one)
			No minor code ☐
	Conchotomy	☐	☐
	Plastic repair of septum	☐	☐
	Reconstruction of cartilage of nose	☐	☐
	Reconstruction of bone of nose	☐	☐

Operation code	(State primary and, if applicable, secondary code)	Major code (tick only one)	Minor code (tick only one)
	Rhinoplasty, bone and cartilage	☐	☐
	V to Y plasty	☐	☐

Jaw operation
Not performed / Primary surgery / Secondary surgery

Operation code	(State primary and, if applicable, secondary code)	Major code (tick only one)	Minor code (tick only one)
			No minor code ☐
	Tooth extraction	☐	☐
	Mucogingival repair	☐	☐
	Oronasal fistula repair	☐	☐
	Lefort I osteotomi	☐	☐
	Distraction of maxilla	☐	☐
	Vomer osteotomi	☐	☐
57750	Jaw plastic surgery with bone resection without implant	☐	☐
57861	Bone block transplantation (autologous)	☐	☐
57862	Bone block transplantation (homologous)	☐	☐
57865	Spongiosa plastica, autologous	☐	☐
57866	Spongiosa plastica, homologous	☐	☐

Operator
Skill of operator: in training / certified / senior

How many operation had before?
0-50-
50-100-
100-150….

Hospital Stay
Sign in date ……………………(yyyy-mm-dd)
Discharge date …………………(yyyy-mm-dd)
Bleeding: Yes/ No/ NA
Infection: Yes/ No/NA
Rupture: Yes/ No/ NA
Antibiotics (tick only one alternative): No /Profylax /Postoperative / Profylax and postoperative

11. Complications (többválasztós)

Minor category: partial wound separation; vermilion notching; stitch marks formation; hypertrophic or keloid scar formation following cleft lip surgery; fistula formation following cleft palate surgery
Major category: excessive postoperative bleeding; airway obstruction
General complications: diarrhea; malaria; upper respiratory tract infection; lower respiratory tract infection

12. Epicrisis (többválasztós)

Control examination: not necessary/ suggested: date:………….(yyyy-mm-dd)
kell egy éves korntoll és egy intermezzo
p/m 30 nap
kell egy olyan form, ha hamarabb visszahívjuk őket, akkor ott mi volt
Dental treatment recommended:
orthodontic treatment: yes/no
primary tooth filling: yes/ no
primary tooth pulpotomy: yes/ no
primary tooth extraction: yes/ no
permanent tooth filling: yes/ no
permanent tooth root canal treatment: yes/ no
permanent tooth extraction due to caries: yes/ no
permanent tooth extraction due to orthodontics: yes/ no
periodontal treatment: yes/ no
surgery treatment: yes/ no
other treatment:…………..
Cleft team care: in progress/ completed

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13. Comments, notes

(E.g. a short summary, if necessary of how the patient got to medical care, diagnosis, most important facts and events of the hospitalization, what happened with the patient after the hospitalization, any recommended control examinations, surgery etc.).

Description

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