



Child's Name		Today's Date	
Parent(s)/Guardian(s)		Child's DOB	Age
Address			
Phone		Parent's email	
Who is completing this form (name and relation to patient)			
Insurance Provider		Subscriber's Name	
Subscriber ID	Group Number	Group Name	
Insurance Provider Phone Number	Insurance Provider Address		

**Please feel free to ask your child's doctor for help with filling out this form or contact our 22q Center at 614-722-6448*

How did you hear about the 22q Center at Nationwide Children's Hospital?

<input type="checkbox"/> Hospital website	<input type="checkbox"/> Facebook	<input type="checkbox"/> Pediatrician
<input type="checkbox"/> Another website	<input type="checkbox"/> Another 22q family	<input type="checkbox"/> Friend or family member
<input type="checkbox"/> Other (please specify)		

Has your child had genetic testing to confirm a diagnosis of 22q11.2 deletion syndrome (sometimes referred to as Velocardiofacial syndrome or DiGeorge syndrome)? Yes No

If not, does your child have 22q11.2 duplication syndrome? Yes No

If not, what other type of related 22q condition does your child have? _____

Who diagnosed your child with 22q11.2 deletion syndrome (or other condition noted above)?

<input type="checkbox"/> Neonatologist	<input type="checkbox"/> Geneticist	<input type="checkbox"/> Cardiologist	<input type="checkbox"/> Pediatrician
<input type="checkbox"/> Other (please specify)			

Comments:

How was this genetic condition diagnosed? Include location where test was done.

<input type="checkbox"/> Microarray	<input type="checkbox"/> FISH test	
<input type="checkbox"/> Other (please specify)		

Age and/or date your child was diagnosed? _____

22q Center at Nationwide Children's Hospital Intake Form

Please identify and describe the clinical symptoms your child has had in the **past**:

<input type="checkbox"/> Heart condition	<input type="checkbox"/> Airway concerns	<input type="checkbox"/> Dental or orthodontic
<input type="checkbox"/> Immune problems or frequent infections	<input type="checkbox"/> Tracheostomy	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Hypernasal speech / Palate problems	<input type="checkbox"/> Speech/language delay	<input type="checkbox"/> Seizures
<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Low calcium	<input type="checkbox"/> Psychiatric concerns
<input type="checkbox"/> Feeding / Swallowing problems	<input type="checkbox"/> Bleeding problems	<input type="checkbox"/> Constipation
<input type="checkbox"/> Learning / Developmental concerns	<input type="checkbox"/> Small size for age	<input type="checkbox"/> GERD
<input type="checkbox"/> Other		

What are your main concerns **now**?

What would you like addressed during your child's visit to the 22q Center at Nationwide Children's Hospital?

22q Center at Nationwide Children's Hospital Intake Form

Who is your child's Primary care provider / Pediatrician?

Primary care provider name	
Address	
Phone	FAX

Which of the following specialists has your child **already** seen?

Specialty	Provider Name and/or Location	Date last seen
<input type="checkbox"/> Audiology		
<input type="checkbox"/> Cardiology		
<input type="checkbox"/> Cleft / Craniofacial Surgeon		
<input type="checkbox"/> Colorectal		
<input type="checkbox"/> Developmental Pediatrics		
<input type="checkbox"/> Endocrinology		
<input type="checkbox"/> Ear, Nose and Throat (ENT)		
<input type="checkbox"/> Feeding specialist		
<input type="checkbox"/> Gastroenterology (GI)		
<input type="checkbox"/> Genetics		
<input type="checkbox"/> Hematology		
<input type="checkbox"/> Immunology		
<input type="checkbox"/> Nephrology		
<input type="checkbox"/> Neurology		
<input type="checkbox"/> Neuropsychology		
<input type="checkbox"/> Ophthalmology / Optometry		
<input type="checkbox"/> Orthopedics		
<input type="checkbox"/> Psychiatry		
<input type="checkbox"/> Psychology		
<input type="checkbox"/> Rheumatology		
<input type="checkbox"/> Speech / Language Pathology		
<input type="checkbox"/> Urology		
<input type="checkbox"/> Other (please specify)		
<input type="checkbox"/> Other (please specify)		
<input type="checkbox"/> Other (please specify)		
<input type="checkbox"/> Other (please specify)		

22q Center at Nationwide Children’s Hospital Intake Form

Please list any other hospitals or clinics that have cared for your child:

Hospital or Clinic	Location and Physician	Date

Which of the following tests has your child had in the past?

Test	Results/ Comments-include date and location completed
<input type="checkbox"/> Nasopharyngoscopy and/or <input type="checkbox"/> Speech Videofluoroscopy (for speech/ VPI concerns)	
<input type="checkbox"/> Neck MRI (carotid arteries)	
<input type="checkbox"/> Renal (Kidney) Ultrasound	
<input type="checkbox"/> C-spine Imaging	
<input type="checkbox"/> Calcium blood work	
<input type="checkbox"/> Thyroid blood work	
<input type="checkbox"/> Immune blood work	
<input type="checkbox"/> EKG	
<input type="checkbox"/> Echocardiogram	
<input type="checkbox"/> Brain MRI or other brain imaging	
<input type="checkbox"/> Swallow study	
<input type="checkbox"/> Other (please specify)	

Check here if your child has typically required Child Life services for procedures/blood draws in the past.

****Please complete a “Release of Medical Records” form and provide to your current physician(s) or hospital(s) so they may send copies of your child’s medical records. Please include the completed “Release of Medical Records” form with this document and fax or mail to:**

**22q Center / Plastic Surgery
Nationwide Children’s Hospital
700 Children’s Drive, Suite T2H
Columbus, OH 43205**

**Phone: 614-722-6448
Fax: (614)722-5826
Email: 22Q@nationwidechildrens.org**

22q Center at Nationwide Children's Hospital Intake Form

Once we receive your child's medical records, our staff will review them and contact you to discuss the plan. After this discussion, you will be contacted to schedule appointments with the 22q Center at Nationwide Children's Hospital. This process can take up to 12 weeks to complete.

An appointment will not be scheduled until your child's medical records have been received and reviewed. The specific records that we will need to review are:

- Genetic test confirming the diagnosis of 22q11.2 deletion syndrome (or related 22q condition)
- Most recent medical reports from each specialty area
- Surgical reports (e.g., from past VPI surgeries, etc.)
- Lab reports
- Nasopharyngoscopy and/or Speech Fluoroscopy reports (for VPI/speech concerns) AND images/video file, if available
- Radiology reports
- Cognitive (e.g., IQ) testing and/or Neuropsychological reports
- From your child's Primary Care Provider:

Most recent well child visit report, Growth charts, Immunization records

In addition to your child's medical records, please plan to bring the following documents with you to your appointment.

- Individualized Education Plan (IEP) or 504 Plan
- Recent Speech-Language evaluations or therapy reports
- List of current medications
- List of allergies

Please note: It is the parent's responsibility to validate insurance coverage prior to your visit. Please contact your medical insurance provider to determine if Nationwide Children's Hospital is covered by your policy and if a referral is required. If you are having trouble, let us know and we will connect you with our Welcome Center, who may be able to help.

Out of State patients:

If you will be traveling from out of state, please contact the Welcome Center to receive help with lodging for your visit. Nationwide Children's Hospital has relationships with local hotels for discounts, or you may receive housing at the Ronald McDonald House, which is located within walking distance of the hospital.

The Welcome Center may be reached at (800) 619-9786 or (614) 355-9866 or via email at WelcomeCenter@Nationwidechildrens.org

Before finalizing flights, please review your travel itinerary with the 22q Center Nurse.

Reviewer: _____

Date: _____

Time: _____