

## Hypoparathyroidism Proforma

<b>PATIENT FIRST NAME</b>		<b>PATIENT SURNAME</b>			
<b>PATIENT No.</b>		<b>DOB</b>			
<b>HOSPITAL/INSTITUTE</b>		<b>NHS No.</b>			
<b>REFERRING CONSULTANT</b>		<b>Date of Diagnosis of Hypoparathyroidism</b>			
<b>Family History?</b>		Yes	No	Don't Know	
<b>Inheritance Pattern (please circle)</b>		AD	AR	XL	Mitochondrial Don't Know
<b>Parental Consanguinity?</b>		Yes	No	Don't Know	
<b>Dysmorphic features?</b>		<b>Ectopic Calcification? (subcutaneous/ Xray)</b>			
Yes	No	Yes	No		
<b>Deafness?</b>		<b>Renal Anomalies?</b>			
Yes	No	Yes	No		
		<b>Evidence of Immunodeficiency? (please give details)</b>			
		<b>(eg monoliasis/candidiasis) Yes No</b>			
Yes		No			
Diabetes Mellitis					
Hyperthyroidism					
Hypothyroidism					
Alopecia					
Addisons					
Hypopituitarism					
Other					
<b>Biochemistry (pre-treatment)</b>		<b>PTH</b>			
Uncorrected Ca <sup>2+</sup>		Urea			
Corrected Ca <sup>2+</sup>					
Albumin		Creatinine			
PO <sub>4</sub> <sup>3-</sup>		Na <sup>+</sup>		K <sup>+</sup>	
Mg <sup>2+</sup>		Vitamin D			
Urinary Ca <sup>2+</sup>		Urinary Creatinine			
<b>FISH 22q11 (DiGeorge Syndrome) please circle</b>		Not tested    Tested and deleted    Tested and not deleted			
<b>Genes to be tested</b>		<b>Other relevant information</b>			
CASR					
GCM2					
AIRE1					
GATA3					
GNA11					
PTH					