

Treatment centre:

Civic registration number [][][][][][][][][][]-[][][][][][] (yyyymmdd-nnnn)

Date of birth, same as above Yes

Last name: **First name:**
(Please, use block letters) (Please, use block letters)

Sex Male Female

Date of first patient contact [][][][][]-[][][]-[][][] (yyyy-mm-dd)

Born in Sweden Yes No: Specify primary surgery abroad below
 None Partial Complete

Adopted Yes No

Weight at birth [][][][][] (grams) Unknown

Pre-operative treatment
Pre-operative treatment (Tick only one alternative)
 None Unknown Yes, specify below (Tick one or more alternatives)
 Tape Plate Nasal alar elevator Nasoalveolar moulding
 Other, Specify
(Please, use block letters)

Cleft
Cleft morphology

	Right		Left	
Nasal floor	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Lip	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Alveolus	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Primary palate	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Hard palate	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Soft palate	<input type="checkbox"/> No	<input type="checkbox"/> Yes		

Heredity (includes all known relatives)
Family history of clefts No Yes Unknown

Civic registration number - (yyyyymmdd-nnnn)

Diagnosis (State primary and, if applicable, secondary diagnoses)

ICD10 code	Primary (tick <u>only one</u>)	Secondary (tick <u>only one</u>)
		<input type="checkbox"/> No sec. code
Q35.3 (Cleft soft palate)	<input type="checkbox"/>	<input type="checkbox"/>
Q35.5 (Cleft hard palate with cleft soft palate)	<input type="checkbox"/>	<input type="checkbox"/>
Q36.0 (Cleft lip, bilateral)	<input type="checkbox"/>	<input type="checkbox"/>
Q36.9 (Cleft lip, unilateral)	<input type="checkbox"/>	<input type="checkbox"/>
Q37.2 (Cleft soft palate with bilateral cleft lip)	<input type="checkbox"/>	<input type="checkbox"/>
Q37.3 (Cleft soft palate with unilateral cleft lip)	<input type="checkbox"/>	<input type="checkbox"/>
Q37.4 (Cleft hard and soft palate with bilateral cleft lip)	<input type="checkbox"/>	<input type="checkbox"/>
Q37.5 (Cleft hard and soft palate with unilateral cleft lip)	<input type="checkbox"/>	<input type="checkbox"/>

Other diagnoses Updates due to identified conditions can be performed at any time in the web-application form.

Pierre Robin Sequence

No Unknown

Yes*)

*)**Yes** must only be ticked if all the three conditions Glossoptosis, Micrognathi and Cleft palate are present and in case the child is in need of more interventions than positional advice, such as ng-tube or breathing help

Syndrome

No Unknown

Yes

Other deformity

No Yes

Specify (Please, use block letters)

Updates regarding death and transfer information can be performed at any time in the web-application

Deceased

Yes, give date (yyyyymmdd)

Transfer information is to be registerered by the recipient center

Transferred from **Transferred to**

Transfer date (yyyyymmdd)

Moved abroad Yes **Date** (yyyy-mm-dd)