Baseline Form

Treatment centre:			
Civic registration number (yyyymmdd-nnnn)			
Date of birth, same as above			
Last name: (Please, use b		First name: (Please, use block letters)	
Sex	Male Female		
Date of first patient contact (yyyy-mm-dd)			
Prenatal detection of cleft Yes No Unknown			
Born in Sweden Yes No, date of arrival in Sweden (yyyy-mm-dd)			
Primary surgery abroad Yes No Unknown			
Adopted	Yes No		
Weight at birth			
Pre-operative treatment (so Yes No			
	ated at assessment	☐ Yes ☐ No	
Cleft morphology	Right	Left	
Nasal floor Lip Alveolus Primary palate	No ☐ Yes No ☐ Yes No ☐ Yes No ☐ Yes	□ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes	
Hard palate Soft palate	No ☐ Yes No ☐ Yes		
Heredity (includes all known relatives) Family history of clefts			

Diagnosis (which the patient's care plan follows) ICD10 code
Q35.3 (Cleft soft palate) Q35.5 (Cleft hard palate with cleft soft palate) Q36.0 (Cleft lip, bilateral) Q36.9 (Cleft lip, unilateral) Q37.4 (Cleft hard and soft palate with bilateral cleft lip) Q37.5 (Cleft hard and soft palate with unilateral cleft lip) Secondary cleft diagnosis exists, see morphology Yes
Other diagnoses Updates due to identified conditions can be performed at any time in the webapplication 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

Civic registration number