Medizinische Hochschule Hannover

Center for Pediatrics and Youth Medicine
Pediatric Pneumology and Neonatology
Prof. Dr. med. Gesine Hansen, Director

MHH – Prof. Dr. Baumann OE 6710 -
Carl-Neuberg-Straße 1, 30625 Hannover

Jeffrey Modell-Zentrum
für Primäre Immundefekte
Prof. Dr. med. Ulrich Baumann
Prof. Dr. med. Dorothee Viemann

Phone: +49 511 532-3251
Fax: +49 511 532-9125
Email: baumann.ulrich@mh-hannover.de
www.Kinderheilkunde1-MHH.de

Address:
OE 6710
Carl-Neuberg-Straße 1
30625 Hannover

16. September 2020

Questionnaire for initial presentation in case of suspected immune deficiency

Dear colleagues,

in order to be able to process your inquiry regarding a suspicion/exclusion of an immune deficiency as specifically as possible, we would like to ask you to send us the following documents:

- ❍ Enclosed questionnaire
- ❍ Laboratory findings (if available)
- ❍ Medical reports (if available)
- ❍ Referral letter (issued for "Pediatric Immunology Prof. Dr. Baumann")

Please send the documents to our address above. You are also welcome to call us : +49 511-532-3220.

Depending on the circumstances, we will either answer you directly or call your patient to make a written report.

We thank you in advance for your inquiry and cooperation.

With kind regards

Prof. Dr. med. Ulrich Baumann
Prof. Dr. med. Dorothee Viemann
Anlage

Name of patient:

Date of Birth:

Phone parents(to be reached under during the day:der Eltern):

1. Please briefly outline your question

2. Beginning of the symptoms

3. Medical history of infection

♦ **General frequency of infection:** Episodes/year _______

♦ **Fever** Episodes/year _______ Duration of the episodes _______ Level of fever _____

♦ **Cough** no ❍ yes ❍ → Episodes/year _______
→ Sputum no ❍ yes ❍ →consistency:

♦ **Colds** no ❍ yes ❍ → Episodes/year _______
→ consistency purulent ❍ serous ❍

♦ **Lung infection** no ❍ yes ❍ → Episodes/year _______
→ Pathogen detection ___________________

♦ **Otitis media** no ❍ yes ❍ → Episodes/year _______
→ Pathogen detection ___________________

♦ **Skin infections** no ❍ yes ❍ → Localization ___________________

♦ **Swelling of lymph nodes** no ❍ yes ❍ → Localization ___________________

♦ **Infectious diarrhea** no ❍ yes ❍ → Episodes/year _______
→ Pathogen detection _____________

♦**Other:** ____

4. Failure to thrive no ❍ yes ❍

5. Family history

Country of origin: Mother ______________ Father ______________

Relation of the parents? no ❍ yes ❍

Are there immune deficiencies in the family? no ❍ yes ❍ → Which: _______________

Unexplained infant deaths? no ❍ yes ❍

Siblings:

Age	Sex	Healthy?	→ Other
	☐ m ☐ f	☐ yes ☐ no	
	☐ m ☐ f	☐ yes ☐ no	
	☐ m ☐ f	☐ yes ☐ no	
	☐ m ☐ f	☐ yes ☐ no	

6. Vaccination history

❍ performed according to STIKO ❍ incomplete, missing:______________________________

❍ BCG ❍ Polio oral

❍ Vaccination intolerance (which?)

7. Allergies no ❍ yes ❍ → Which: _______________

8. Autoimmune diseases no ❍ yes ❍ → Which: _______________

9. Frequent diarrhea no ❍ yes ❍

10. Skin diseases (e.g. eczema, atopic dermatitis, psoriasis)

no ❍ yes ❍ → Which: _______________

11. Abnormalities of the physical examination findings:

Lymph node status _______________

Tonsill size _______________

Lung auscultation _______________

Liver-spleen size _______________

Skin _______________

Syndromal Stigmata _______________

12. Other abnormalities in medical history or findings?

13. Have X-ray examinations already been performed (please enclose relevant results)?

no ❍ yes ❍ → Which: _______________

→ results: _______________

14. Have you made important / conspicuous laboratory findings? (please enclose)

15. Do you have a suspected diagnosis that should be confirmed or excluded?