

To inquire about screening and enrollment in the Engle Lab Research Program and/or appointments with Drs. Engle and Hunter in the CCDD Boston Children's Hospital (BCH), please print out this form and complete it fully. You may submit this form via any method noted below. Please call 617-919-2164 to check the status of or ask questions about your inquiry.

Mail: 3 Blackfan Street | BCH 3149-Neurology | CLS 14076-Engle Lab | Boston MA 02115

Fax: (617) 730-4834

Email: englegc.research@childrens.harvard.edu

PATIENT/PARTICIPANT INFORMATION

First Name _____ Last Name _____ Form completed _____
Month/day/year

Gender Male Female Current Age _____ Date of Birth _____

Referred by _____
Health Care Provider Name Hospital Affiliation Office Phone Number

Previously seen@ Boston Children's? NO YES → Name/ specialty: _____ Most recent _____
By providing this information you are allowing us to review your child's records at BCH

NAME/CONTACT DETAILS FOR PERSON MAKING INQUIRY

Name _____

Relationship to Patient _____

Email Address _____

Daytime Phone# _____ Evening Phone# _____

Participant Mailing Address _____

MEDICAL BACKGROUND

Diagnosis _____ Age diagnosed _____

Symptoms 1. _____ Age diagnosed _____

2. _____ Age diagnosed _____

Family History _____

INTERESTED IN RESEARCH CCDD CLINIC VISIT BOTH

HEARD ABOUT US THROUGH REFERRING MD ANOTHER FAMILY ONLINE OTHER

FOR OFFICE USE ONLY

Notified/Return Call _____

Screening Forms Rc'd _____ Notified _____

Primary Med Records Rc'd _____ Notified _____

Imaging Rc'd _____ Notified _____

Imaging Reviewed: _____ Notified _____

Photo's Rcd: _____

Discussed at Genetics Mtg: _____

Plan: Not appropriate Enroll Book Visit Suggest Clinical Testing

Notified _____ Kit Sent _____ By _____

Consent Proband/Mother/Father Date _____ By _____

Consent Proband/Mother/Father Date _____ By _____

Initial Inquiry: Phone Email to ECE Email to GC Fax Post

Ped Initiated in Progeny Date _____ By _____

CCDD VISIT DATE _____ TIME _____

Scheduler Notified: _____

BCH MRN _____

CCDD Letter Sent: _____

Clinic Form Rc'd Back: _____

Summary for ECE provided: _____

Reminder Call: _____

Photo's Rcd: _____