



**Civic registration number**                    -      (yyyymmdd-nnnn)

**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 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          -    (yyyymmdd)

Transfer information is to be registered by the recipient center

**Transferred from** ..... **Transferred to** .....

**Transfer date**          -    (yyyymmdd)

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