



### Contact details (person with CP)

NHI number  Under ACC?

First name  Middle name

Surname

Male  Female  DOB  /  /

Address

Postcode

Phone  Email

Type of accommodation (e.g. private residence)

Suburb & postcode at time of birth

Suburb & postcode at age 5

### Contact details (person responsible)

Please complete this section if individual with CP is under 18, or older than 18 but unable to give consent.

First name  Surname

Type of relationship

Address (if different to person with CP)

Postcode

Phone  Email

### Alternate contact details

If you can not be contacted over a prolonged period, e.g. disconnected phone, mail returned to sender (preferably maternal grandmother).

Name

Type of relationship

Phone

### Health professional details (may be contacted to verify or complete data).

**1. Name**

Type (e.g. paediatrician, GP, occupational therapist)

Phone

Place of work

Address

Postcode

Email

**1. Name**

Type

Phone

Place of work

Address

Postcode

Email

### Birth details of person with CP

Birth Place (National Women's Hospital, home birth, birth centre)

If home birth,  Unplanned  Planned

Birth weight  born at  weeks gestation

Hospital of neonatal transfer (if applicable)

DHB of hospital

Received more than routine care?  Yes - NICU  No - routine care only  
 Yes - special care

If Yes, total length of stay  days

Was MRI completed? Yes  No

Which hospital?

Was this a multiple birth? Yes  No

If Yes  Twins  4  5  6  >6

Birth order of child with CP (e.g. 2nd)

Was there any assistance with conception? (please tick)

No  
 Yes, type unknown  
 Yes, if known please circle which type of assistance: fertility drugs only, ovulation stimulation only, artificial insemination, ICSI, IVF, GIFT

Other

Number of previous live births to mother

Number of previous stillbirths (> 20 weeks gestation) to mother

Number of previous miscarriages (< 20 weeks gestation) to mother

### Mother

First name  Maiden name

Surname  DOB  /  /

Country of birth

Educational level at time of child's birth

Occupation at time of child's birth

### Father

First name

Surname  DOB  /  /

Country of birth

Educational level at time of child's birth

Occupation at time of child's birth

Ethnicity  NZ European  Tongan  
 Maori  Niuean  
 Samoan  Chinese  
 Cook Island Maori  Indian  
 Other

## Clinical details of person with CP

(If you are unsure about any question, please leave blank)

Age at which CP was first formally diagnosed    years  months

### Type of cerebral palsy

(please tick)

	Main type at initial diagnosis	Main type at or over age 5	Secondary type at or over age 5
<b>Spasticity</b>			
Left hemiplegia / monoplegia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right hemiplegia / monoplegia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diplegia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triplegia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quadriplegia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dyskinesia</b>			
Mainly athetosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mainly dystonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ataxia</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypotonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolved by age 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Known syndrome - not CP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown syndrome - not CP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Severity of cerebral palsy

(please tick one)  
(please see GMFCS sheet for further information)

	At initial diagnosis	At or over age 5
GMFCS level I	<input type="checkbox"/>	<input type="checkbox"/>
GMFCS level II	<input type="checkbox"/>	<input type="checkbox"/>
GMFCS level III	<input type="checkbox"/>	<input type="checkbox"/>
GMFCS level IV	<input type="checkbox"/>	<input type="checkbox"/>
GMFCS level V	<input type="checkbox"/>	<input type="checkbox"/>

### Ability to handle objects in daily life

(please tick one)  
(please see MACS sheet for further information)

	At or over age 4
MACS level I	<input type="checkbox"/>
MACS level II	<input type="checkbox"/>
MACS level III	<input type="checkbox"/>
MACS level IV	<input type="checkbox"/>
MACS level V	<input type="checkbox"/>

### Communication ability

(please tick one) (please refer to CFCS sheet for further information)

CFCS level I	<input type="checkbox"/>
CFCS level II	<input type="checkbox"/>
CFCS level III	<input type="checkbox"/>
CFCS level IV	<input type="checkbox"/>
CFCS level V	<input type="checkbox"/>

Were any birth defects present?    No     Yes

(e.g. congenital heart defect)

If yes, please give details

Is there a known syndrome?    No     Yes

If yes, please give details

**Comments** If you wish to make any further comments, please do so here:

I hereby verify that the above details are correct to the best of my knowledge, being the person with CP / a parent / the person responsible (please circle appropriate response).

Signature:

Relationship:

Date:

 /  / 

## Presence of associated impairments (please tick one for each section)

Epilepsy     Yes     No  
 Resolved by age 5     Unknown

Intellectual     No impairment     Mild  
 Probably no impairment     Moderate  
 Probably some impairment     Severe  
 Unknown

Visual     No impairment     Functionally blind  
 Some impairment (e.g. glasses)     Unknown

Strabismus     No     Yes     Unknown

Hearing     No impairment     Bilateral deafness  
 Some impairment (includes conductive hearing loss)     Unknown

Speech     No impairment     Nonverbal  
 Some impairment     Unknown

### Timing of cerebral palsy

Unknown     During pregnancy and up to first 28 days of life (pre & perinatal)     After first 28 days of life (postnatal)



### Was there a confirmed cause of cerebral palsy?

Unknown     In utero cytomegalovirus     Other infection (toxoplasmosis, rubella, herpes simplex virus)     Other infection (please list in comments)     Other (please list in comments)

**Head injury**  
 Motor vehicle accident  
 Non accidental  
 Fall  
 Other (please describe in comments)

**Infection**  
 Unspecified cause  
 Viral  
 Bacterial  
 Dehydration due to gastroenteritis

### Stroke or CVA

During or following surgical procedure  
 Spontaneous  
 Associated with other cardiac complications

### Other

Post seizure  
 Near sudden infant death syndrome (SIDS)  
 Near drowning  
 Peri-operative hypoxia  
 Apparent life-threatening event†  
 Other (please describe in comments)