## FORM 1 REGISTRATION FORM FOR PERSON WITH CEREBRAL PALSY (CP)



Surfame Mole   Female   DOB   /   Mole   Female   DOB   /   Birth weight   Horse inthin. Uniplemed   Pliarraid   State   Postcode   Site of Nobalial   Site   Prostcode   Site of Nobalial   Site of Nobalial   Received more than routine care?   Yes - NICU   No - routine care only its private residence)   Solution & postcode   Site of Nobalial   Received more than routine care?   Yes - NICU   No - routine care only its private residence)   Solution & postcode   Yes - NICU   No - routine care only its private residence   Solution & postcode   Yes - NICU   No - routine care only its private residence   Solution & postcode   Yes - NICU   No - routine care only its private residence   Solution & postcode   Yes - NICU   No - routine care only its private residence   Solution & postcode   Yes - NICU   No - routine care only its private residence   Solution & postcode   Yes - NICU   No - routine care only its private residence   Solution & postcode   Yes - NICU   No - routine care only its private residence   Was filt complete? Yes   No   Yes - special care   Was filt complete? Yes   No   Yes - Special care   Was filt complete? Yes   No   Yes - Special care   Was filt complete? Yes   No   Yes - Special care   Was filt complete? Yes   No   Yes - Special care   Was filt complete   Yes - NICU   No - routine care only its private residence   Was filt complete   Yes - NICU   No - routine care only its private residence   Was filt complete   Yes - NICU   No - routine care only its private residence   Was filt complete   Yes - NICU   No - routine care only its private residence   Was filt complete   Yes - NICU   No - routine care only its private residence   Was filt complete   Yes - NICU   No - routine care only its private residence   Was filt complete   Yes - NICU   No - routine care   Was filt complete   Yes - NICU   No - Special care   Was filt complete   Yes - NICU   No - Special care   Was filt complete   Yes - NICU   No - Special care   Was filt complete   Yes - NICU   No - Special care   Was filt complete   Yes - NICU	Sumame    Male   Female   DOB   /	Contact details (person	on with CP)	Birth details of person with CP	
Address   Fernale   DOB   /	Male Female DOB / /  Address  Birth weight born at weeks gestation  Hospital of neonatal transfer (if applicable)  State of hospital  Received more than routine care? Yes - NICU No - routine care only (e.g. private residence)  Suburb & postcode at time of birth  Suburb & postcode at a ge 5  Was MRI completed? Yes No  Was MRI completed? Yes No  Which hospital?  Which hospital?  Which hospital?  Was this a multiple birth? Yes No	First name	Middle name	Birth place (e.g. Hornsby Hospital, home birth, birth centre)	
Address	Address    Birth weight	Surname		If home birth, Unplanned	Planned State
Prostocole    Prostocole   Pros	Phone		Female DOB / /	Rirth weight	horn at weeks destation
Phone   Email   Postcode   State of hospital   Received more than routine care?   Ves - NICU   No - routine care only (e.g. private residence)   If Yes, total langth of stary   days   Statute & passocide at time of of him   Statute & passocide at time of of him   Statute & passocide at time of of him   Statute & passocide   If Yes, total langth of stary   days   Statute & passocide at time of of him   Statute & passocide   If Yes, total langth of stary   days   Statute & passocide   If Yes, total langth of stary   days   Statute & passocide   If Yes, total langth of stary   days   Statute & passocide   If Yes, total langth of stary   days   Statute & passocide   If Yes, total langth of stary   days   Statute & passocide   If Yes, total langth of stary   days   days   Statute & passocide   If Yes, total langth of stary   days   days   Statute & passocide   If Yes, total langth of stary   days   days   Statute & Passocide   If Yes, total langth of stary   days   days   days   Statute & Passocide   If Yes, total langth of stary   days   da	Phone Email State of hospital Received more than routine care? Yes - NICU No - routine care only (e.g. private residence)  Suburb & postcode at time of birth If Yes, total length of stay days  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 Was this a multiple birth? Yes No			•	born at works goodation
Phone Email Summer to person with CP)  Received more than routine care? Yes - NICU No - routine care only (e.g. private recidence)  Suth A postbode at time of thinh suth the care of the state of the state of thinh suth the care of the state of the sta	Phone		Postcode	· · · · /	
Yes - special care   Yes - s	Type of accommodation (e.g. private residence)  Suburb & postcode at time of birth  Suburb & postcode at age 5  Was MRI completed? Yes No  Contact details (person responsible)  Please complete this section if individual with CP is under 18, or older than 18 but unable to  Was this a multiple birth? Yes No	Phone	Email	State of hospital	
at time of orbith  If Yes, total length of stay days  Visa MRI completed? Yes No  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 Sumame Sumame  Sumame Sumam	at time of birth				
Visa MRI completed?   Visa	Suburb & postcode at age 5  Was MRI completed? Yes No  Which hospital?  Which hospital?  Was MRI completed Yes No  Which hospital?  Was mri completed Yes No  Which hospital?			If Yes, total length of stay	days
Defease complete this section if individual with CP is under 18, or older than 18 but unable to give consent.  First name  Sumame  Sumame  Sumame  Sumame  Sumame  Sumame  Sumame  Was this a multiple birth? Yes. Wris   triplets   4   5   6   >6   >6    Birth order of child with CP (e.g. 2nd)  Was there any assistance with conception? (please tick)  No  Yes, you unknown  Yes, if known please circle which type of assistance: fertify drugs only, ovulation stimulation only, artificial insemenator, ICSI, IVF, GIFT  Number of previous live births to mother  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  Number of previous miscarriages (< 20 weeks gestation) to mother  Number of previous miscarriages (< 20 weeks gestation) to mother  Number of previous miscarriages (< 20 weeks gestation) to mother  Number of previous miscarriages (< 20 weeks gestation) to mother  Number of previous miscarriages (< 20 weeks gestation) to mother  Number of previous miscarriages (< 20 weeks gestation) to mother  Number of previous miscarriages (< 20 weeks gestation) to mother  Number of previous miscarriages (< 20 weeks gestation) to mother  Number of previous miscarriages (< 20 weeks gestation) to mother  Number of previous miscarriages (< 20 weeks gestation) to mother  Number of previous miscarriages (< 20 weeks gestation) to mother  Number of previous stillbirths (> 20 weeks gestation) to mother  Number of previous stillbirths (> 20 weeks gestation) to mother  Number of previous miscarriages (< 20 weeks gestation) to mother  Number of previous stillbirths (> 20 weeks gestation) to mother  Number of previous stillbirths (> 20 weeks gestation) to mother  Number of previous stillbirths (> 20 weeks gestation) to mother  Number of previous stillbirths (> 20 weeks gestation) to mother  Number of previous stillbirths (> 20 weeks gestation) to mother  Number of previous stillbirths (> 20 weeks gestation) to mother  Numb	Please complete this section if individual with CP is under 18, or older than 18 but unable to  Was this a multiple birth? Yes No	Suburb & postcode		Was MRI completed? Yes No	]
Please complete this section if individual with CP is under 18, or older than 18 but unable to give consent.  First name Sumame	Please complete this section if individual with CP is under 18, or older than 18 but unable to  Was this a multiple birth? Yes  No	Contact details (perse	con responsible)	Which hospital?	
First name Surname Sur	give consent	Please complete this sect		Was this a multiple birth? Yes No	
Type of relationship  Address (if different to person with CP)  Postcode  Phone  Email  Alternate contact details  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  Sumane  DOB  I Name  Type of relationship  Phone  Aboriginal or Torres Strait Islander origin  Torres Strait Islander origin  Torres Strait Islander origin  First name  Aboriginal or Torres Strait Islander origin  First name  Place of work  Address  Postcode  Phone  Country of birth  Email  Postcode  First name  Country of birth  Educational level at time of child's birth  Aboriginal or Torres Strait Islander origin  Torres Strait Islander origin  First name  Sumane  DOB  J /  Aboriginal or Torres Strait Islander origin  Torres Strait Islander origin  First name  Sumane  DOB  J /  Aboriginal or Torres Strait Islander origin  Torres Strait Islander origin  Torres Strait Islander origin  First name  Sumane  DOB  J /  Aboriginal or Torres Strait Islander origin  First name  Sumane  DOB  J /  Country of birth  Educational level at time of child's birth  Country of birth  Educational level at time of child's birth  Country of birth  Educational level at time of child's birth  Country of birth  Educational level at time of child's birth  Country of birth  Educational level at time of child's birth  Country of birth  Educational level at time of child's birth  Country of birth  Educational level at time of child's birth  Country of birth  Educational level at time of child's birth  Country of birth	If Yes, twins triplets 4 5 6 >6		Surname	,	
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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    Number of previous stillbirths (> 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother   Number of previous miscarriages (< 20 weeks gestation) to mother	Other	Dhono		Other	
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Type (e.g. paediatrician, GP, occupation at time of child's birth  Address  Email  Phone  First name  Surname  Maiden name  Surname  DOB / /  Country of birth  Educational level at time of child's birth  Occupation at time of child's birth  Aboriginal or Torres Strait Islander origin?  Aboriginal but not Torres Strait Islander origin  Both Aboriginal and Torres Strait Islander origin  Father  Father  Neither Aboriginal nor Torres Strait Islander origin  First name  Surname  DOB / /  Country of birth  Educational level at time of child's birth  Country of birth  Educational level at time of child's birth  Country of birth  Educational level at time of child's birth  Cocupation at time of child's birth	Name Birth parent details	Name		Birth parent details	
Phone  Health professional details (may be contacted to verify or complete data).  Country of birth  Educational level at time of child's birth  Occupational time of child's birth  Phone  Place of work  Address  Postcode  Father  Postcode  First name  Sumame  Country of birth  Cocupation at time of child's birth  Occupation at time of child's birth  Aboriginal or Torres Strait Islander origin?  Father  Neither Aboriginal nor Torres Strait Islander origin  Father  Neither Aboriginal nor Torres Strait Islander origin  Formal  Country of birth  Educational level at time of child's birth  Cocupation at time of child's birth  Occupation at time of child's birth  Cocupation at time of child's birth  Occupation at time of child's birth	Type of relationship	Type of relationship			Maiden
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GP, occupational therapist)  Phone  Place of work  Address  Postcode  Email  Type  Phone  Country of birth  Educational level at time of child's birth  Occupation at time of child's birth  Aboriginal or Torres Strait Islander origin?  Aboriginal but not Aboriginal origin  Both Aboriginal and Torres Strait Islander origin  Neither Aboriginal nor Torres Strait Islander origin  Father  Neither Aboriginal nor Torres Strait Islander origin  Foundation at time of child's birth  Occupation at time of child's birth	1 Namo	1. Name			
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Surname  DOB / /  Country of birth  Type  Educational level at time of child's birth  Occupation at time of child's birth	i weitte Appliquation folles Statt Islander origin	Address	Postcode	Father Neither Aborig	inal nor Torres Strait Islander origin
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Place of work  Aboriginal or Torres Strait Islander origin?	Place of work	Place of work			
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Postcode Tayras Chrait Islandas but act Abadicial addition	Email    Both Aboriginal and Torres Strait Islander origin   Neither Aboriginal nor Torres Strait Islander origin	Email	1 USICOUE	Both Aborigina	al and Torres Strait Islander origin
Postcode Torres Strait Islander but not Aboriginal origin	Email Both Aboriginal and Torres Strait Islander origin	Email		Both Aborigina	al and Torres Strait Islander origin

Clinical details of pers				Presence of ass	ociated impairments (please tick one	e for each section)
(If you are unsure about any que	estion, please leave	blank)		Epilepsy	Yes	No
Age at which CP was first formal	lly diagnosed	years mo	nths		Resolved by age 5	Unknown
Type of cerebral palsy						
(please tick)	Main type at initial diagnosis	Main type a or over age		Intellectual	No impairment	Mild
	Ĭ	↓ _	↓ .		Probably no impairment	Moderate
Spasticity	<b>V</b>	٧	<b>V</b>		Probably some impairment	Severe
Left hemiplegia/monoplegia						Unknown
Right hemiplegia / monoplegia					_	
Diplegia				Visual	No impairment	Functionally blind
Triplegia					Some impairment	Unknown
Quadriplegia					(e.g. glasses)	
Dyskinesia					Strabismus No Yes	Unknown
Mainly athetosis					Strabistrius 140 1es	Olikilowii
Mainly dystonia				Hearing	No impairment	Bilateral deafness
Ataxia					Some impairment	Unknown
Hypotonia					(includes conductive hearing los	(S)
Resolved by age 5						
Known syndrome - not CP				Speech	No impairment	Nonverbal
Unknown syndrome - not CP					Some impairment	Unknown
Unknown						
				Timing of cerebi	ral palsy	
Severity of cerebral pals (please tick one) (please see GMFCS sheet for further information)		I diagnosis <b>↓</b>	At or over age 5	Unknown	During pregnancy and up to first 28 days of life (pre & perinatal)	After first 28 days of life (postnatal)
GMFCS level I					<b>↓</b>	<b>↓</b>
GMFCS level II					<b>,</b>	•
GMFCS level III				Was there a con	firmed cause of cerebral palsy?	
GMFCS level IV					Unknown	Head injury
GMFCS level V					In utero	Motor vehicle accident
J 55 15151 1					cytomegalovirus	Non accidental
Ability to handle objects in	daily life				Other infection	Fall
(please tick one)			At or over age 4		(toxoplasmosis, rubella, herpes	Other (please describe
(please see MACS sheet for furt	her information)		<b>\</b>		simplex virus)	in comments)
MACS level I					Other infection (please list in	Infection
MACS level II					comments)	Unspecified cause
MACS level III					Other (please list in	Viral
MACS level IV					comments)	Bacterial
MACS level V						Dehydration due to gastroenteritis
Were any birth defects pre	sent? No		Yes			Stroke or CVA
(e.g. congenital heart defect)			<b>\</b>			During or following
If yes, please give details						surgical procedure
						Spontaneous
						Associated with other cardiac complications
le there a known avadrems	.2 N.		Von 🗆			complications
Is there a known syndrome	? No		Yes			Other
			4			Post seizure
If yes, please give details			<b>V</b>			
If yes, please give details			<b>V</b>			Near sudden infant
If yes, please give details			<b>V</b>			Near sudden infant death syndrome (SIDS)
If yes, please give details  Comments			<b>'</b>			Near sudden infant death syndrome (SIDS)  Post immunisation
	comments, please d	do so here:	<b>,</b>			Near sudden infant death syndrome (SIDS) Post immunisation Near drowning
Comments	comments, please d	do so here:	<b>,</b>			Near sudden infant death syndrome (SIDS)  Post immunisation  Near drowning  Peri-operative hypoxia
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Comments	comments, please d	do so here:	<b>\</b>			Near sudden infant death syndrome (SIDS)  Post immunisation  Near drowning  Peri-operative hypoxia
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Comments	comments, please d	do so here:	<b>\</b>			Near sudden infant death syndrome (SIDS)  Post immunisation Near drowning  Peri-operative hypoxia  Apparent life-threatening event  Other (please
Comments	comments, please d	lo so here:				Near sudden infant death syndrome (SIDS)  Post immunisation Near drowning  Peri-operative hypoxia  Apparent life-threatening event  Other (please
Comments  If you wish to make any further of			ge, being the person with CF	P / a parent / the person re	esponsible (please circle appropriate respons	Near sudden infant death syndrome (SIDS) Post immunisation Near drowning Peri-operative hypoxia Apparent life-threatening event Other (please describe in comments)
Comments  If you wish to make any further of			ge, being the person with Cl	P / a parent / the person re	esponsible (please circle appropriate respons	Near sudden infant death syndrome (SIDS) Post immunisation Near drowning Peri-operative hypoxia Apparent life-threatening event Other (please describe in comments)