**IPWSO Clinical and Scientific Advisory Board Consultation Intake Form**

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| **Date:**   |  |  |  | | --- | --- | --- | | **Question sent by:**  Name:  City/State/Province:  Country: | **Relation to person with PWS:**  Family: Yes/No  Professional: Yes/No | **If Professional describe:**  (e.g., physician, caregiver, etc.):  Type of Physician: | | **Person with PWS:**  Age:  Gender: | **Genetic diagnosis**:  Confirmed by genetic test:  Yes/No/Unknown  Genetic tests done: | **If genetic test positive indicate:**  Deletion: Yes/No  Uniparental Disomy: Yes/No  Imprinting Defect: Yes/No  Other:  Unknown:  Year:  Where diagnosed: | | **Personal data:** | **Weight:** (specify kg or pounds) | **Height:** (specify cm or inches) | | **Living:** | **With parents:** Yes/No  Assisted living facility: Yes/No | **If living facility:**  PWS only: Yes/No | |
| **Please describe briefly below the issue(s) you are seeking advice about:** |

Your question(s) will be sent to our specialists on the Clinical and Scientific Advisory Board (CSAB). We will send you an answer back as soon as possible, but please be patient since we receive many questions from countries around the world.

Please be aware that when you contact us about a specific problem concerning someone with PWS, our specialists have not seen this person professionally in clinic. Therefore, IPWSO can only give advice in general terms based on our knowledge about PWS.

We do not have the authority to force anyone in your country to give any specific treatment(s) or support, but we can give our professional opinion about what we consider the best treatment strategies. Our goal is to support you as best as we can.

We are looking forward to receiving your information and questions.

Best wishes on behalf of the IPWSO’s Clinical and Scientific Advisory Board,

Linda Thornton

Date: