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LATE ONSET (NON-CLASSICAL) CONGENITAL ADRENAL HYPERPLASIA CHECKLIST

CHILDHOOD SYMPTOMS

What was the age of pubarche? _____

What was the age of menarche? _____

Was there early pubarche (appearance of pubic hair?) YES NO

Was there an acceleration in height in childhood/adolescence YES NO

ADULT SYMPTOMS and SIGNS

What is the patient's age? _____

What is the patient's height? _____

What is the patient's weight? _____

Is the patient shorter than average? YES NO

Are periods regular? YES NO NOT KNOWN

Is the patient currently on an oral contraceptive? YES NO NOT KNOWN

Does the patient have children YES NO NOT KNOWN

If Yes, how many children does the patient have? _____

Does the patient have hirsutism? YES NO NOT KNOWN

Does the patient have acne? YES NO NOT KNOWN

If yes, is it cystic acne? YES NO NOT KNOWN

What treatments have been tried? _____

Has the patient had difficulty conceiving (infertility)? YES NO NOT KNOWN

Does the patient have reduced bone mass? YES NO NOT KNOWN

Does the patient have androgenetic alopecia? YES NO NOT KNOWN

Does the patient have temporal balding? YES NO NOT KNOWN

Does the patient have oily hair? YES NO NOT KNOWN

ADULT SYMPTOMS and SIGNS (continue)

Does the patient have clitoromegaly? YES NO NOT KNOWN

Does the patient experience dizziness? YES NO NOT KNOWN

Does the patient experience thirst? YES NO NOT KNOWN

Has the patient had a bone mineral density test? YES NO NOT KNOWN

Does the patient experience excessive body odour? YES NO NOT KNOWN

Has the patient had any illnesses or infection? YES NO NOT KNOWN

If Yes, how has the patient responded?

Has the patient had any surgeries? YES NO NOT KNOWN

If Yes, how has the patient responded?

BASIC LAB TESTS TO DATE

17 OHP (day 3-5) _____ Progesterone _____

CBC _____ TSH _____ Ferritin _____

LH (day 3-5) _____ FSH (day 3-5) _____

Progesterone (day 3-5) _____ Progesterone (day 21) _____

Testosterone _____ Free testosterone _____

DHEAS _____ Androstenedione _____

Aldosterone _____ Estradiol _____

AM cortisol _____ Random glucose _____ HA1C _____

SHBG _____ Sodium _____ Potassium _____

Prolactin _____

SPECIALIZED LAB TESTS TO DATE

Has the patient had a pelvic ultrasound? YES NO NOT KNOWN

If yes, what were the results of the ultrasound?

Has the patient had an ACTH stimulation test? YES NO NOT KNOWN

If yes, what were the results of the stimulation test?

Has the patient had a pelvic ultrasound? YES NO NOT KNOWN

If yes, what were the results of the ultrasound?

Has the patient had a 2 hr OGTT? YES NO NOT KNOWN

If yes, what were the results of the OGTT?

Has the patient had a bone mineral density test? YES NO NOT KNOWN

If yes, what were the results of the OGTT?

Has the patient had genetic testing? YES NO NOT KNOWN

If yes, what were the results of the genetic testing?

BASIC SCREENING PANEL

17 OHP (day 3-5), Progesterone, CBC, TSH, Ferritin, LH (day 3-5), FSH (day 3-5)
Testosterone, Free testosterone, DHEAS, Androstenedione, Aldosterone, Estradiol
AM cortisol, Random glucose, HA1C, SHBG, Sodium, Potassium, Prolactin

BASELINE BLOOD PRESSURE: _____