The New Zealand CEREBRAL PALSY REGISTER.

NZCPR REGISTRATION FORM

For person with **Cerebral Palsy** (CP)

In conjunction with CP Alliance Australia

CP Register — Piecing together the facts on cerebral palsy

Contact details (person with CP)

NHI number

Under ACC?

First name Middle name

Surname

Male ☐ Female ☐ DOB / /

Address

Postcode

DHB

Phone Email

Ethnicity

- ☐ NZ European
- ☐ Maori
- ☐ Samoan
- ☐ Cook Island Maori
- ☐ Tongan
- ☐ Niuean
- ☐ Chinese
- ☐ Indian
- ☐ Other

Contact details (person responsible)

First name Surname

Type of relationship

Address (if different to person with CP)

Postcode

Phone Email

Mother

First name Maiden name

Surname DOB / /

Father

First name

Surname DOB / /

Birth details of person with CP

Was there any assistance with conception? (please tick)

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

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

If born in New Zealand: Born overseas ☐

Birth area (DHB)

Birth Place *e.g. Type (Hospital, Birth Centre), Name (National Women's)*

If home birth, Unplanned ☐ Planned ☐

Birth weight born at weeks gestation

Was this a multiple birth? No ☐ Yes ☐

If Yes Twins ☐ 3 ☐ 4 ☐ 5 ☐ >5 ☐

Received more than routine care?

- ☐ Yes - NICU
- ☐ Yes - Special Care Baby Unit
- ☐ Yes - NICU and Special Care Baby Unit
- ☐ No - routine care only

If Yes, total length of stay days

Hospital of neonatal transfer (if applicable) Name and Region

MRI completed? Yes ☐ No ☐ Crainial U/S Yes ☐ No ☐

Date completed / / Date completed / /

General Movement Assessment Yes ☐ No ☐ Hammersmith Neuro Exam Yes ☐ No ☐

Date completed / / Date completed / /

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

Cinical 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)	Initial Diagnosis Main Type	Over age 5 Main Type	Over age 5 Secondary Type
Spasticity	↓	↓	↓
Left hemiplegia / monoplegia	☐	☐	☐
Right hemiplegia / monoplegia	☐	☐	☐
Diplegia	☐	☐	☐
Triplegia	☐	☐	☐
Quadriplegia	☐	☐	☐
Dyskinesia			
Mainly athetosis	☐	☐	☐
Mainly dystonia	☐	☐	☐

	Initial Diagnosis Main Type	Over age 5 Main Type	Over age 5 Secondary Type
	↓	↓	↓
Ataxia	☐	☐	☐
Hypotonia	☐	☐	☐
Resolved by age 5	☐	☐	
Unknown syndrome - not CP	☐	☐	

Cinical details of person with CP *Continued*

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

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	☐	☐
GMFCS level II	☐	☐
GMFCS level III	☐	☐
GMFCS level IV	☐	☐
GMFCS level V	☐	☐

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	☐
MACS level II	☐
MACS level III	☐
MACS level IV	☐
MACS level V	☐

Communication ability

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

- ☐ CFCS level I
- ☐ CFCS level II
- ☐ CFCS level III
- ☐ CFCS level IV
- ☐ CFCS level V

Eating and Drinking ability

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

- ☐ EDACS level I
- ☐ EDACS level II
- ☐ EDACS level III
- ☐ EDACS level IV
- ☐ EDACS level V

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?

Pre-/ Perinatal

(please tick one)

- ☐ Unknown
- ☐ In utero cytomegalovirus
- ☐ Other infanterine TORCH infection
- ☐ Associated metabolic abnormality
- ☐ Other pre-/ perinatal cause not specified above (Please use comments box below)

Postnatal

(please tick one)

- ☐ Unknown

Head Injury

- ☐ Head injury - MVA
- ☐ Head injury - FALL
- ☐ Head injury - NON-accidental
- ☐ Head injury - Other

Infection

- ☐ Infection causes - Unspecified
- ☐ Infection - Bacterial
- ☐ Infection - Viral
- ☐ Dehydration due to gastroenteritis

Stroke or CVA

- ☐ Cerebral vascular accident - During or following surgery
- ☐ Cerebral vascular accident - Spontaneous

Other

- ☐ Post seizure
- ☐ Near sudden unexpected death in infancy
- ☐ Near drowning
- ☐ Apparent life threatening event
- ☐ Peri-operative hypoxia

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 (i.e. Squint) ☐ No ☐ Yes ☐ Unknown

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

Speech
- ☐ No impairment
- ☐ Nonverbal
- ☐ Some impairment
- ☐ Unknown

The New Zealand CEREBRAL PALSY REGISTER.

For further information and queries please contact:

nzcpregister@adhb.govt.nz
Phone: (09) 307 4949 ext.21898
www.starship.org.nz/NZCPregister

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

Date completed: / /

NZCPR details: Date received: / /

Date Entered on Register: / /

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