

# Turner Syndrome

**Royal Hospital for Sick  
Children, Glasgow**

**Patient Name:**

**Hospital Number:**

**Date of Birth:**

---

**Form completed by:**

**Date completed:**

**KARYOTYPE**

|                      |  |                                |                   |
|----------------------|--|--------------------------------|-------------------|
| • Cytogenetic report |  | • No details recorded in notes |                   |
| • 45,X               |  | • 45,X/46,Xi(Xq)               | • 45,X/46,XisoY   |
| • 45,X/46,XX         |  | • 45,X/46,XrX                  | • 45,X/46XY       |
| • 46,Xi(Xq)          |  | • 45,X/47,XXX                  | • Other (specify) |

**MODE OF PRESENTATION**

|                          |  |                                |  |
|--------------------------|--|--------------------------------|--|
| Age at diagnosis         |  | • No details recorded in notes |  |
| • Pre-natal              |  | • 5-9 years                    |  |
| • Birth to 4 years       |  | • 10 years +                   |  |
| Presenting features      |  | • Lymphoedema – feet           |  |
| • Short stature          |  | • Lymphoedema - neck           |  |
| • Absent puberty         |  | • Other (specify)              |  |
| • Coarctation of aorta   |  |                                |  |
| Source of referral       |  | • District Paediatrician       |  |
| • Family concerns        |  | • Cardiology                   |  |
| • GP/Health visitor      |  | • ENT                          |  |
| • School nurse screening |  | • Other (specify)              |  |

**STATURE**

|  |         |                      |                      |                      |                      |
|--|---------|----------------------|----------------------|----------------------|----------------------|
| Parental heights                                   |         | Measured             |                      | Reported             |                      |
| • Mother's height                                  | cm      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| • Father's height                                  | cm      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| • Mid-parental height                              | cm      |                      |                      |                      |                      |
| • Parental Target range                            | (cms)   |                      | (centiles)           |                      |                      |
| • Child's recorded height first below target range |         |                      |                      |                      |                      |
| Age (yrs)  | Ht (cm) | Ht SDS               | Centile              |                      |                      |

**ENT**

|   |                 |                                  |                 |      |
|---|-----------------|----------------------------------|-----------------|------|
| Problem (please tick)   |                 | Intervention (please tick)       |                 | Date |
| • Recurrent infections  | Yes             | No                               | • Tonsillectomy |      |
|   | Age range (yrs) |                                  | • Adenoidectomy |      |
| • Intermittent deafness   |                 | • Tonsillectomy & Adenoidectomy  |                 |      |
| • Deafness associated with speech delay &/or educational difficulties |                 | • Grommet insertion - Unilateral |                 |      |
| • Sensorineural deafness  |                 | - Bilateral                      |                 |      |
| • Additional information  |                 | - Repeated                       |                 |      |
|   |                 | • Cholesteatoma                  |                 |      |
|   |                 | • Mastoid surgery                |                 |      |
|   |                 | • Hearing aid/s                  |                 |      |

**EYES**

|          |    |                                |  |
|----------|----|--------------------------------|--|
| • Squint |    | • No details recorded in notes |  |
| Yes      | No |                                |  |

**CARDIAC****Imaging****Date**

• Echocardiography

• MRI

• Additional information

• No details recorded in notes

**Diagnosis**

• Normal

• Coarctation of aorta

• Aortic stenosis

• Bicuspid aortic valve

• Aortic root dilatation

• Other

**BLOOD PRESSURE**• Normotensive: BP <90<sup>th</sup> centile

• No details recorded in notes

• Hypertensive: BP ≥95<sup>th</sup> centile for sex, height & age on 3 occasions

– If yes, age at which became hypertensive (yrs)

• High normal: BP ≥90<sup>th</sup> & <95<sup>th</sup> centile for sex, height & age on 3 occasions

– If yes, at which became high normal (yrs)

• Therapy

Yes

No

– Nonpharmacologic (weight reduction, exercise, dietary intervention)

– Pharmacologic

– Drug, dose &amp; date

• Additional information

**RENAL****Imaging****Date(s)**

• Ultrasound

• DMSA

• DTPA

• IVP

• History of UTI

Yes

No

1 UTI

&gt; 1 UTI

• No details recorded in notes

**Diagnosis**

• Normal

• Horseshoe kidney

• Obstructed horseshoe kidney

• Unilateral duplex kidney

• Bilateral duplex kidney

• PUJ obstruction

• Other (specify)

• Additional information

**THYROID**

• Thyroid function tested

Yes

No

• Abnormal (ie TSH &gt; 5.5 mU/L)

Yes

No

• +ve TPO antibodies

Yes

No

• On T<sub>4</sub>

Yes

No

Age started (yrs)

• Dose of T<sub>4</sub> when last seen

µg

• No details recorded in notes

• Age at abnormal TSH (yrs)

• Additional information

• Age stopped (yrs)

**ACQUIRED DISORDERS**

|                              |     |  |    |  |                     |  |
|------------------------------|-----|--|----|--|---------------------|--|
| • Hashimoto's thyroiditis    | Yes |  | No |  | No details recorded |  |
| • Diabetes mellitus          | Yes |  | No |  | No details recorded |  |
| • Inflammatory bowel disease | Yes |  | No |  | No details recorded |  |

|                        |
|------------------------|
| Age at diagnosis (yrs) |
|                        |
|                        |

**OTHER CONDITIONS**

|                            |     |  |    |  |                     |              |
|----------------------------|-----|--|----|--|---------------------|--------------|
| • Asthma                   | Yes |  | No |  | No details recorded |              |
| • On inhaled steroids?     | Yes |  | No |  | • Type              | • Daily dose |
| • Other chronic conditions | Yes |  | No |  | No details recorded |              |
| • Specify                  |     |  |    |  |                     |              |

**BONES**

|                                |  |
|--------------------------------|--|
| • No details recorded in notes |  |
|--------------------------------|--|

| Imaging           | Date | Age                      |  |  |
|-------------------|------|--------------------------|--|--|
| • DXA scan        | Yes  | No                       |  |  |
| Result            |      |                          |  |  |
| • Normal          |      | • Additional information |  |  |
| • % predicted BMC |      |                          |  |  |

**DYSMORPHIC FEATURES**

|                                |  |
|--------------------------------|--|
| • No details recorded in notes |  |
|--------------------------------|--|

0=Feature not present; 1=Mild-moderately affected; 2=Severely affected If in doubt, select lower category

|   | 0 | 1 | 2 |
|---|---|---|---|
| • Hyperconvex nails +/- nail-fold oedema            |   |   |   |
| • Short 4 <sup>th</sup> /5 <sup>th</sup> metacarpal |   |   |   |
| • Cubitus valgus                                    |   |   |   |
| • Naevi   |   |   |   |
| • Ptosis  |   |   |   |
| • Epicanthic folds                                  |   |   |   |
| • Oblique palpebral fissures                        |   |   |   |
| • Low set/rotated ears                              |   |   |   |
| • High palate                                       |   |   |   |
| • Dental overcrowding                               |   |   |   |
| • Micrognathia                                      |   |   |   |
| • Neck webbing/low hairline                         |   |   |   |
| • Broad chest                                       |   |   |   |
| • Lymphoedema hands/feet/limbs                      |   |   |   |

|                          |
|--------------------------|
| • Additional information |
|--------------------------|

**FEET**

|                                |  |
|--------------------------------|--|
| • No details recorded in notes |  |
|--------------------------------|--|

|                                       |     |    |  |
|---------------------------------------|-----|----|--|
| • Reviewed by Gordon Watt, Podiatrist | Yes | No |  |
|---------------------------------------|-----|----|--|

|                      |                          |
|----------------------|--------------------------|
| Problems             | • Additional information |
| • Involuted toenails |                          |
| • Short, broad feet  |                          |
| • Ingrowing toenails |                          |
| • Cellulitis         |                          |

## PSYCHOSOCIAL

• No details recorded in notes

### Behaviour

### Age (yrs)

|  |  |
|--|--|
| • Excessive fearfulness                            |  |
| • Obsessive/compulsive tendencies                  |  |
| • High activity levels                             |  |
| • Difficulty making/maintaining friendships        |  |
| • Preference for solitary activities               |  |
| • Preference for friendships with younger children |  |

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|                          |
|--------------------------|
| • Additional information |
|                          |
|                          |
|                          |
|                          |
|                          |

### Age (yrs)

|                                     |     |  |    |  |
|-------------------------------------|-----|--|----|--|
| • Referral to psychology/psychiatry | Yes |  | No |  |
|-------------------------------------|-----|--|----|--|

## EDUCATION/LEARNING

• No details recorded in notes

|                                 |  |
|---------------------------------|--|
| • Mainstream                    |  |
| • Mainstream + learning support |  |
| • Special school                |  |
| • Age appropriate class         |  |
| • Repeated school year          |  |

|                              |                      |
|------------------------------|----------------------|
| • Specific difficulties with | - Maths              |
|                              | - Visuospatial tasks |
| • Additional information     |                      |
|                              |                      |
|                              |                      |

### Highest qualification achieved

|                                    |  |
|------------------------------------|--|
| • Not applicable – aged < 16 years |  |
|------------------------------------|--|

Tick one

| Subjects | Grades |
|----------|--------|
|----------|--------|

|    |                             |                                     |       |  |  |
|----|-----------------------------|-------------------------------------|-------|--|--|
| 1  |                             | Access 1                            |       |  |  |
| 2  |                             | Access 2                            |       |  |  |
| 3  | Standard Grade - Foundation | Access 3                            |       |  |  |
| 4  | Standard Grade - General    | Intermediate 1                      | SVQ 1 |  |  |
| 5  | Standard Grade - Credit     | Intermediate 2                      | SVQ 2 |  |  |
| 6  |                             | Higher                              | SVQ 3 |  |  |
| 7  |                             | Advanced Higher                     |       |  |  |
| 8  |                             | HNC/Certificate of Higher Education |       |  |  |
| 9  |                             | HND/Diploma of Higher Education     | SVQ 4 |  |  |
| 10 |                             | Ordinary degree                     |       |  |  |
| 11 |                             | Honours degree                      |       |  |  |
| 11 |                             | Masters degree                      | SVQ 5 |  |  |
| 12 |                             | Doctorate                           |       |  |  |

• Additional information

|  |
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**EMPLOYMENT**

|                                |  |
|--------------------------------|--|
| • No details recorded in notes |  |
|--------------------------------|--|

|                  |  |                               |  |                               |  |
|------------------|--|-------------------------------|--|-------------------------------|--|
| • Pre-school age |  | • At primary/Secondary School |  | • In further/higher education |  |
|------------------|--|-------------------------------|--|-------------------------------|--|

|              |  |
|--------------|--|
| • Unemployed |  |
|--------------|--|

|                 |             |  |
|-----------------|-------------|--|
| • In employment | - Full-time |  |
|                 | - Part-time |  |

|              |
|--------------|
| • Occupation |
|--------------|

|                          |
|--------------------------|
| • Additional information |
|--------------------------|

**RELATIONSHIPS/HOME**

|                                |  |
|--------------------------------|--|
| • No details recorded in notes |  |
|--------------------------------|--|

|          |  |
|----------|--|
| • Single |  |
|----------|--|

|           |  |
|-----------|--|
| • Married |  |
|-----------|--|

|   |  |
|---|--|
| • In a stable relationship, not living with partner |  |
|---|--|

|   |  |
|---|--|
| • In a stable relationship, living with partner |  |
|---|--|

|                              |  |
|------------------------------|--|
| • Separated/Divorced/Widowed |  |
|------------------------------|--|

|                |  |
|----------------|--|
| • Living alone |  |
|----------------|--|

|                               |  |
|-------------------------------|--|
| • Living with husband/partner |  |
|-------------------------------|--|

|                       |  |
|-----------------------|--|
| • Living with parents |  |
|-----------------------|--|

|                       |  |
|-----------------------|--|
| • Living with friends |  |
|-----------------------|--|

|                          |
|--------------------------|
| • Additional information |
|--------------------------|

**MISCELLANEOUS**

|   |     |  |    |  |
|---|-----|--|----|--|
| • Parental reports of feeding difficulties during infancy | Yes |  | No |  |
|---|-----|--|----|--|

|                          |
|--------------------------|
| • Additional information |
|--------------------------|

|           |                    |     |  |    |  |              |  |
|-----------|--------------------|-----|--|----|--|--------------|--|
| • Surgery | - Neck webbing     | Yes |  | No |  | If yes, date |  |
|           | - Limb lengthening | Yes |  | No |  | If yes, date |  |

|                          |
|--------------------------|
| • Additional information |
|--------------------------|

**TRANSFER FROM YORKHILL TURNER**

|                            |  |
|----------------------------|--|
| • Remains Yorkhill patient |  |
|----------------------------|--|

|   |  |    |  |              |
|---|--|----|--|--------------|
| • Transferred to other paediatric service |  | at |  | years of age |
|---|--|----|--|--------------|

|                                 |  |    |  |              |
|---------------------------------|--|----|--|--------------|
| • Transferred to adult services |  | at |  | years of age |
|---------------------------------|--|----|--|--------------|

|               |
|---------------|
| • Referred to |
|---------------|

|                 |  |
|-----------------|--|
| - Gynaecologist |  |
|-----------------|--|

|      |  |
|------|--|
| - GP |  |
|------|--|

|                   |  |
|-------------------|--|
| - Other (specify) |  |
|-------------------|--|

|                   |  |
|-------------------|--|
| - Endocrinologist |  |
|-------------------|--|

|                |  |
|----------------|--|
| - Cardiologist |  |
|----------------|--|

|                     |  |
|---------------------|--|
| • Lost to follow up |  |
|---------------------|--|

**ANY OTHER INFORMATION**

|  |
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