



Klinefelter Center Intake Form

Today's Date _____ Present Age of Patient _____

Referral source Physician Internet Self Other _____

Have you ever been a patient at Johns Hopkins before? Yes JH# (if Known) _____ No

DEMOGRAPHICS

Patient Last Name _____ Patient First Name _____

Mother's Maiden Name _____ Mother's First Name _____

Father's Last Name _____ Father's First Name _____

Date of Birth Month _____ Day _____ Year _____ Gender Male Female

SSN _____ Marital Status _____

Race Asian Black Hispanic White Other

Address _____

City _____ State/Province _____ Postal Code _____

Country _____ Citizenship _____

Home Phone _____ Work Phone _____

E-mail _____ Cell Phone _____

Primary Care Provider Name _____ Endocrinologist Name _____

Address _____ Address _____

Phone _____ Fax _____ Phone _____ Fax _____

Other Specialist Name _____ Other Specialist Name _____

Address _____ Address _____

Phone _____ Fax _____ Phone _____ Fax _____



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EMERGENCY CONTACT

Name _____

Relationship _____

Phone _____

E-mail _____

FINANCIAL INFORMATION

Method of Payment Insurance _____ Self Pay _____

If your method of payment is insurance, please provide a copy of the front and back of your insurance card and complete the following.

Policy Holder Name _____ Date of Birth _____ SSN _____

Employer Name/Address/Phone _____

MEDICAL QUESTIONNAIRE

Klinefelter Syndrome Diagnosis

At what age was the diagnosis of Klinefelter Syndrome made? _____

What symptoms or findings led to genetic testing / karyotype? _____

What is your genetic signature? 47,XXY 46,XY/47,XXY mosaic XXYY XXXY XXXXY Other Mosaic: _____

What are your primary concerns regarding Klinefelter syndrome? _____

Infertility Treatment

Are you interested in treatments available for infertility? YES NO

Are you interested in having children in the future? YES NO

Do you want to evaluate or preserve your fertility potential? YES NO

Learning / Social Symptoms

Do you suspect, or have you been told you have problems with your mood? YES NO

Do you suspect, or have been told you have social or learning problems? YES NO



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Gender Issues

Do you have sexual identity, sexual function, sexual orientation, or gender and body image concerns? YES NO

Primary Care and General Health Concerns

Do you need a primary care physician for basic care or general health concerns? YES NO

Do you have questions or concerns about proper nutrition? YES NO

APPOINTMENT PLAN

The Johns Hopkins Klinefelter Center offers appointments with the following specialists. Please check off those specialists with whom you would like an appointment scheduled. All patients see the endocrinologist initially for a complete history and physical exam.

- Adult Endocrinology (adult hormone treatment): Adrian Dobs, M.D. , M.H.S.
- Pediatric Endocrinology: David Cooke, M.D.
- Urology (infertility, sexual function): Pravin Rao, M.D.
- Neuropsychology (problems with learning/thinking and/or mood): Cynthia Munro, Ph.D.
- Psychology (gender identity, sexual preference): Chris Kraft, Ph.D.
- Genetic Counseling: Cathleen Lawson, MS, GSC
- Primary Care (preventive care and general health concerns): Vinayak Koottor, M.D.
- Speech Pathology
- Government benefits, social services recommendations
- Other Please describe: _____

Please submit the completed intake form to:

Address Klinefelter Center - Hopkins USA
1300 Thames Street, Suite 200
Baltimore, MD 21231

Phone 855-695-4872

Fax 410-464-6600

E-mail JHUSA@jhmi.edu

Indicate "Klinefelter Center" in Subject Line