

MEDICAL ALERT CARD

CdLS Foundation: 800.753.2357

Name: _____ has

Cornelia de Lange Syndrome (CdLS)

Updated ___/___/___

Medical Conditions Associated with CdLS

Check all that exist

Life Threatening Conditions

- GI problems: bowel obstruction, volvulus, reflux leading to aspiration pneumonia
- Swallowing difficulties/choking
- Small airway (anesthesia risk)
- Seizures
- Cardiac problems

Other Notable Characteristics

- Speech and hearing problems (may not be able to understand/respond to questions)
- Neurological, behavioral problems
- Slow growth and small stature
- Developmental delays

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Personal Details

Blood Type: _____ Age: _____ Sex: _____ DOB: _____

Address: _____

Phone(s): _____

Emergency/Medical Contacts

Name: _____ **Relation:** _____

Ph# 1: _____ Ph#2 _____

Address: _____

Name: _____ **Relation:** _____

Ph# 1: _____ Ph#2 _____

Address: _____

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Doctor: _____ **Ph#:** _____

Specialty: _____

Doctor: _____ **Ph#:** _____

Specialty: _____

Doctor: _____ **Ph#:** _____

Specialty: _____

Ins. Co. _____

Policy: _____

Medicaid # _____ Medicare # _____

- () Behavior Issues: () Anxiety () Aggression
- () Self-injurious () Hyperactivity
- () Bowel Obstruction: () Surgery: date(s) _____
- () Cleft Palate
- () Small Airway (may require pediatric size tube)
- () Constipation: () Occasional () Often
- () Dental: () Many Cavities () Crowding
- () Developmental Delays: () Mild () Mod () Severe
- () Ear Infections (frequent): () Tubes
- () Genitalia Abnormality: () Hypospadias () Micropenis
- () Feeding: Prone to Choking () NPO
- () Feeding Tube
- () Food Intolerance: () Lactose () Gluten
- Other _____ Special Diet _____
- () Fundoplication Surgery: date(s) _____

- () Gastroesophageal Reflux: () Mild () Severe
- () Hearing Loss: () Wears Aides
- () Heart Defect: Type(s) _____
- () Hip Problem(s): Type(s) _____
- () Malrotation: () Surgery: date(s) _____
- () Pain Tolerance (unusually high)
- () Pneumonia: date(s) _____
- () Ptosis: () Surgery: date(s) _____
- () Renal Disorder: Type(s) _____
- () Seizures: () Frequent () Rare () On Meds
- () Sinus: () Infections () Polyp(s)
- () Tear Duct Frequently Clogged
- () Upper Limb Differences
- () Vision Impaired: () Glasses () Contacts
- () Other (not necessarily related to CdLS): _____

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Allergies

- () Antibiotics: () Penicillin () Sulfa () Tetracycline
- () Other _____
- () Pain Meds/Anesthesia: () Codeine () Demerol
- () Lidocane () Morphine () Novocaine
- () Other _____
- () Environmental _____
- () Insect Stings _____
- () Foods _____
- () Latex () X-Ray Dyes
- () No known allergies

Medications

Medication	Dosage	Frequency	Reason

