MORBUS WILSON e.V.

TRANSITION SHEET WILSON'S DISEASE

Anamnesis/Medical history

Personal data:

Surname	
First name	
Sex	◯ male ◯ female ◯ divers
Street/No.	
Postal code/City	
Country	
Date of birth	yyyy/mm/dd
Education	
Pass of serveraly disabled	◯ Ja ◉ Nein

Diagnosis:

Date of diagnosis:	
Liver biopsy (Copper content)	
FibroScan/elastography	
Genetic results (*ATP7B*-Gen)	
Main symptoms at time of diagnosis	
Other diagnosis due to Wilson's disease	

Symptoms:

hepatic:

Liver synthesis disorder	
cholinesterase (Nadir)	value/date
quick (Nadir)	value/date
biluribin direct (max)	value/date
creatinine (max)	value/date
Eurotransplant:	
Date of listing for transplantation	
Date taken of list for transplantation	
Liver transplantation:	◯ yes ◉ no If yes, please complete a separate form of Transplantation Medicine.

neurological:

Speech impairment or language disorders	
Memory disorders/impairment	
Tremor	
EEG	
brain MRT	
Aids	
Spezific supportive measures/therapy (e. g. speech therapy)	

opthalmological:

Kayser-Fleischer-ring	opthalmoligist	◯ yes	◉ no	present	◯ yes ◉ no
Glasses	◯ yes ◉ no				
	Vision correction			☐ myopie ☐ hyperopie ☐ astigmatismus ☐ other	

psychiatric:

Psychiatric treatment/psycotherapy	
Behaviour disorders	
Anxiety	

general:

Lack of motivation	◯ yes ◉ no
Reduced performance capacity	◯ yes ◉ no

Medication:

Current	
Changes in treatment/medication	

Other results/comorbidity:

Needs for support:

Important information:
(e. g. divorce of parents; diseases that run in the parents)

Last examinations before transition

Circumstances of life

Nicotine abuse	◯ yes ◉ no
	Cigarettes per day
Alcohol abuse	
hormonal contraception	

Information for the transition proecess

Attending physician / Center of liver disease / neurological department

Name	
Phone	
e-mail	

Laboratory

Date	dd/mm/yy
Copper 24-hour excretion with/without medication	
Copper total/copper free	
Coeruloplasmin	
Zinc 24-hour excretion	
Zinc	
ALT, AST, CHE, Bilirubin total, ALP	
Blood count, reticulocytes	
Creatinie	
Lipase	
Coagulation	

thyreoid-stimulating hormone (ft_3 ; ft_4)	
Iron/ferritin/transferin saturation	
Urinanalysis (protein excretion)	

Optional:

Vitamin B6	
Selen	
Zinc	
Folic acid	
Antinuclear antibody	
Bile acids	

Abdominal-sonography	dd/mm/yy
Echocardiography	dd/mm/yy
Bubble ECHO	dd/mm/yy
FibroScan/elastography	dd/mm/yy
Eurotransplant (latest contact, if listed)	dd/mm/yy
brain MRT	dd/mm/yy
VEP	dd/mm/yy
OCT	dd/mm/yy

Results handed over:

CD-ROM handed over:

Letter handed over: