LATE ONSET (NON-CLASSICAL)
CONGENITAL ADRENAL HYPERPLASIA
CHECKLIST

CHILDHOOD SYMPTOMS

What was the age of pubarche? ________
What was the age of menarche? ________
Was there early pubarche (appearance of pubic hair?) ☐ YES ☐ NO
Was there an acceleration in height in childhood/adolescence ☐ YES ☐ NO

ADULT SYMPTOMS and SIGNS

What is the patient’s age? ______
What is the patient’s height? ______
What is the patient’s weight? ______
Is the patient shorter than average? ☐ YES ☐ NO
Are periods regular? ☐ YES ☐ NO ☐ NOT KNOWN
Is the patient currently on an oral contraceptive? ☐ YES ☐ NO ☐ NOT KNOWN
Does the patient have children ☐ YES ☐ NO ☐ NOT KNOWN
   If Yes, how many children does the patient have? __________
Does the patient have hirsutism? ☐ YES ☐ NO ☐ NOT KNOWN
Does the patient have acne? ☐ YES ☐ NO ☐ NOT KNOWN
   If yes, is it cystic acne? ☐ YES ☐ NO ☐ NOT KNOWN
What treatments have been tried? ________________

Has the patient had difficulty conceiving (infertility)? ☐ YES ☐ NO ☐ NOT KNOWN
Does the patient have reduced bone mass? ☐ YES ☐ NO ☐ NOT KNOWN
Does the patient have androgenetic alopecia? ☐ YES ☐ NO ☐ NOT KNOWN
Does the patient have temporal balding? ☐ YES ☐ NO ☐ NOT KNOWN
Does the patient have oily hair? ☐ YES ☐ NO ☐ NOT KNOWN
ADULT SYMPTOMS and SIGNS (continue)

Does the patient have clitoromegaly?  ☐ YES  ☐ NO  ☐ NOT KNOWN
Does the patient experience dizziness?  ☐ YES  ☐ NO  ☐ NOT KNOWN
Does the patient experience thirst?  ☐ YES  ☐ NO  ☐ NOT KNOWN
Has the patient had a bone mineral density test?  ☐ YES  ☐ NO  ☐ NOT KNOWN
Does the patient experience excessive body odour?  ☐ YES  ☐ NO  ☐ NOT KNOWN

Has the patient had any illnesses or infection?  ☐ YES  ☐ NO  ☐ NOT KNOWN
If Yes, how has the patient responded?

__________________________________________________________

Has the patient had any surgeries?  ☐ YES  ☐ NO  ☐ NOT KNOWN
If Yes, how has the patient responded?

__________________________________________________________

BASIC LAB TESTS TO DATE

17 OHP (day 3-5) ____________  Progesterone ____________

CBC ____________  TSH ____________  Ferritin ____________

LH (day 3-5) ____________  FSH (day 3-5) ____________

Progesterone (day 3-5) ____________  Progesterone (day 21) ____________

Testosterone ____________  Free testosterone ____________

DHEAS ____________  Androstenedione ____________

Aldosterone ____________  Estradiol ____________

AM cortisol ____________  Random glucose ______  HA1C ______

SHBG ____________  Sodium ______  Potassium ____________

Prolactin ____________
SPECIALIZED LAB TESTS TO DATE

Has the patient had a pelvic ultrasound? ☐ YES ☐ NO ☐ NOT KNOWN
If yes, what were the results of the ultrasound?

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Has the patient had an ACTH stimulation test? ☐ YES ☐ NO ☐ NOT KNOWN
If yes, what were the results of the stimulation test?

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Has the patient had a pelvic ultrasound? ☐ YES ☐ NO ☐ NOT KNOWN
If yes, what were the results of the ultrasound?

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Has the patient had a 2 hr OGTT? ☐ YES ☐ NO ☐ NOT KNOWN
If yes, what were the results of the OGTT?

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Has the patient had a bone mineral density test? ☐ YES ☐ NO ☐ NOT KNOWN
If yes, what were the results of the OGTT?

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Has the patient had genetic testing? ☐ YES ☐ NO ☐ NOT KNOWN
If yes, what were the results of the genetic testing?

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BASIC SCREENING PANEL

17 OHP (day 3-5), Progesterone, CBC, TSH, Ferritin, LH (day 3-5), FSH (day 3-5)
Testosterone, Free testosterone, DHEAS, Androstenedione, Aldosterone, Estradiol
AM cortisol, Random glucose, HA1C, SHBG, Sodium, Potassium, Prolactin

BASELINE BLOOD PRESSURE: ______________