Clinical form
TRICHOTHIODYSTROPHY

Name :..... **Forname :** ..... **Date of birth :** ...../ ...../..... **Sexe : F ☐ / M ☐**
Date of analysis : ...../ ...../.....
Name of Physician : .....
.....

Join Family Tree and Pictures

Family history (family tree) :
♦ Consanguinity : **yes ☐ / no ☐ / NSP ☐**
....
Geographic :
♦ African, North Africa, Asian, Caucasian, Portoricain, other :
Father:..... Mother :.....

Pregnancy
Pregnancy yes ☐ no ☐
Intrauterine growth retardation yes ☐ no ☐
Other :
Birth :
Weigh : ..... Height : ..... Head Circumference : .....

Age at diagnosis : .....

Growth delay **yes ☐ no ☐**
Weigh : ..... Height : ..... Head Circumference : .....

Hair anomalies
Sparse hair yes ☐ no ☐
Short, brittle hair yes ☐ no ☐
Low sulphur hair content yes ☐ no ☐
Hair loss yes ☐ no ☐
Other :

Skin anomalies
Collodion baby yes ☐ no ☐
Dry skin, ichthyosis yes ☐ no ☐
Photosensitivity yes ☐ no ☐
Atopic dermatitis yes ☐ no ☐
Thin skin yes ☐ no ☐
Other :
Dental anomalies yes ☐ no ☐

Neurologic anomalies:
Psychomotor delay yes ☐ no ☐
Tremulations yes ☐ no ☐
Convulsions yes ☐ no☐
Behaviour sociable: yes ☐ no ☐
MRI yes ☐ no ☐
If yes : ……..
Genital Abnormalities
Cryptorchidism yes ☐ no ☐
Pubertal Delay yes ☐ no ☐
Other :

Immunodeficiency yes ☐ no ☐
Frequent infections yes ☐ no ☐
Leucopenia yes ☐ no ☐
Hypogammaglobulinemia yes ☐ no ☐

Hematologic Anomalies yes ☐ no ☐
β thalassemia trait, anemia yes ☐ no ☐

Osteoarticular disorder
Bone age delay yes ☐ no ☐
X-Ray anomalies yes ☐ no ☐
Osteoporosis Osteopetrosis yes ☐ no ☐
Others :

Ophtalmologic anomalies
Photophobia yes ☐ no ☐
Cataract yes ☐ no ☐
Other :

Deafness **yes ☐ no ☐**

DNA repair studies **yes ☐ no ☐**
DNA repair defect yes ☐ no ☐