



Charity Registration Number 1038219

Website: whs4pminus.co.uk

Helpline number: 07917 334407

Biography Form

Name of Child:

Photograph (if possible) Yes/No

Date of Birth:

Parent's Name and Address:

Telephone Number:

E Mail Address:

Gestation:

Birth Weight:

Length:

Genetic Counselling:

Chromosome makeup of child:

Genetic results of parents: normal/carrier

Sibling's names and dates of birth:

Developmental history (Feeding/toileting progress):

Health problems (Medical/surgical treatments):

Please continue any other information overleaf

Parental Permission

***I/We ----- parent/s of -----*Do/do not consent to the above information being shared with our Regional Coordinators, Committee, Parents of children with Wolf Hirschhorn (4p-) Syndrome.**

Signed ----- Date -----

***Please delete where appropriate**

Information printed in red is most important