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Clinical Information Form
CALD: Biliary lithiasis, salivary, other

INTERNATIONAL DIVISION
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REFERRING PHYSICIAN/LABORATORY

Name: .....
Address: .....
Post code: ☐☐☐☐☐ City: ..... Country: .....
Tel.: ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ Fax: ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

PATIENT DETAILS

First name(s): ..... Surname: .....
Maiden name: ..... Gender: ☐ M ☐ F
Date of birth: ☐☐ ☐☐ ☐☐☐☐

INFORMATION ON THE STONES

Location: ☐ Biliary ☐ Salivary ☐ Other ☐ Unknown

Elimination mode: ☐ Spontaneously discharged ☐ Surgical ☐ Unknown

History: ☐ 1st stone ☐ Recurrence ☐ Unknown

RENSEIGNEMENTS CLINIQUES

☐ Unknown

Weight: ..... kg Height: ..... cm

☐ Overweight/Obesity
☐ Dry mouth
☐ Pregnancy
☐ Diabetes
☐ Smoking
☐ Oral candidiasis
☐ Biliary tract infection
☐ Biliary tract abnormality
☐ Gout, hyperuricemia

☐ Other chronic diseases to report: .....

CURRENT OR PAST TREATMENTS

☐ Unknown

☐ Drugs that reduce salivary flow: antidepressants, antiepileptics, antiparkinsonian drugs, antihypertensive drugs, etc.:
.....

☐ Other long-term treatment: .....