

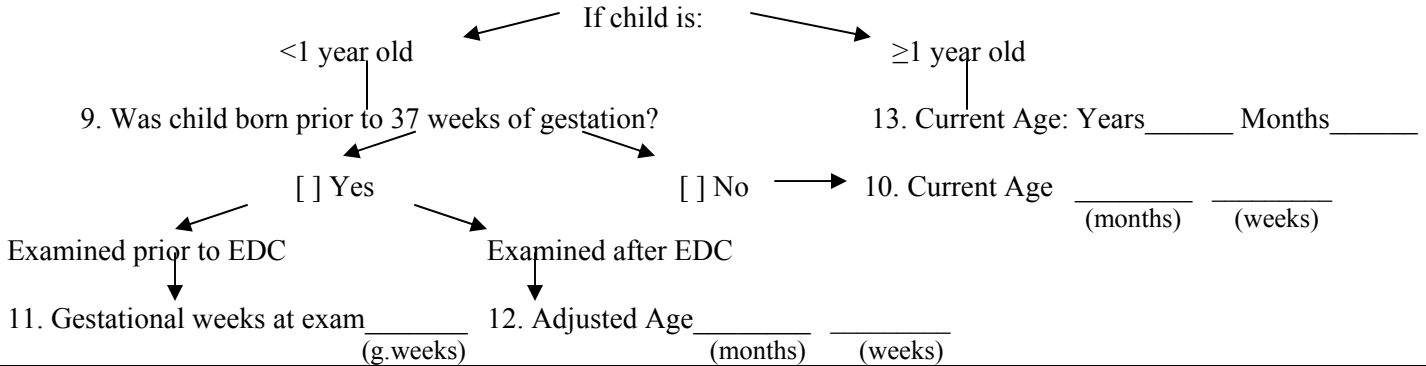
## DYSMORPHOLOGY CORE PHYSICAL EXAMINATION FORM

1. Identification Number \_\_\_\_\_ 2. Examiner:  Pediatrician 3. Examiner last name: \_\_\_\_\_  
 Expert

4. Date of Examination \_\_\_\_/\_\_\_\_/\_\_\_\_  
(dd / mm / yy)

5. Patient's Name \_\_\_\_\_ 6. Patient's Gender:  Male  
(first) (last)  Female

7. Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 8. Number of completed weeks of gestation \_\_\_\_\_  
(dd / mm / yy) (weeks)



### Growth:

14. Height _____ cm	15. Ht% _____	16. Ht ≤ 10 <sup>th</sup> percentile	Yes	No
17. Weight _____ kg	18. Wt% _____	19. Wt ≤ 10 <sup>th</sup> percentile	Yes	No

### Head/Face:

20. Occipito-Frontal Circumference _____ cm	21. OFC% _____	22. OFC ≤ 10 <sup>th</sup> percentile	Yes	No
23. Inner Canthal Distance _____ cm	24. ICD% _____	25. ICD ≤ 25 <sup>th</sup> percentile (≤ -2SD preterm)	Yes	No
26. Palpebral Fissure Length (Left) _____ cm	27. PFL% _____	28. PFL ≤ 10 <sup>th</sup> percentile (≤ -2SD preterm)	Yes	No
29. Maxillary arc _____ cm		30. Hypoplastic Midface	Yes	No
31. Mandibular arc _____ cm		32. Railroad track configuration ears	Yes	No
		33. Strabismus	Yes	No
		34. If yes, unilateral _____ bilateral _____		
		35. Ptosis		
		36. If yes, unilateral _____ bilateral _____		
		37. Epicanthal folds	Yes	No
		38. If yes, unilateral _____ bilateral _____		
		39. Anteverted nares	Yes	No
40. Philtrum: Length _____ cm	41. Philtrum% _____	42. Long Philtrum	Yes	No
43. Lipometer Code 1 2 3 4 5		44. Smooth Philtrum	Yes	No
45. Vermilion Boarder: Lipometer Code 1 2 3 4 5		46. Thin Vermilion Border	Yes	No

### Joints:

47. Clinodactyly 5 <sup>th</sup> fingers	48. If yes, unilateral _____ bilateral _____	47. Clinodactyly 5 <sup>th</sup> fingers	Yes	No
49. Campodactyly	50. If yes, unilateral _____ bilateral _____	49. Campodactyly	Yes	No
51. Difficulty pronation/supination elbows		51. Difficulty pronation/supination elbows	Yes	No
52. Contractures in other joints		52. Contractures in other joints	Yes	No
	53. If yes, specify _____	53. If yes, specify _____		
	Hips	Hips		
	Knees	Knees		
	Other _____	Other _____		

### Hands:

54. Hockey stick crease	54. Hockey stick crease	54. Hockey stick crease	Yes	No
55. If yes, unilateral _____ bilateral _____	55. If yes, unilateral _____ bilateral _____	55. If yes, unilateral _____ bilateral _____		
56. Other altered palmar creases	56. Other altered palmar creases	56. Other altered palmar creases	Yes	No
57. If yes, unilateral _____ bilateral _____	57. If yes, unilateral _____ bilateral _____	57. If yes, unilateral _____ bilateral _____		
58. If yes, specify _____	58. If yes, specify _____	58. If yes, specify _____		
	Single crease	Single crease		

ف Hypoplastic thenar crease  
ف Other \_\_\_\_\_

**Heart:** 59. Heart murmur  
60. Heart defect  
61. If yes, specify

فYes  فNo  
فYes  فNo

ف Atrial Septal Defect  
ف Ventricular Septal Defect  
ف Patent Ductus Arteriosus  
ف Other \_\_\_\_\_

**Neurological status:** 62. Neurological problems  
63. If yes, specify if child is

فYes  فNo

ف Hyperactive  
ف Hypertonic  
ف Hypotonic  
ف Has seizures

64. Other comments: \_\_\_\_\_

### 65. Abnormalities Compatible with FAS:

1.  ف Growth deficient: Weight and/or height  $\leq 10^{\text{th}}$  percentile.  
(For premature children adjusted for prematurely up to 12 months of age)
2.  ف Microcephaly: head circumference  $\leq 10^{\text{th}}$  percentile.  
(For premature children adjusted for prematurely up to 12 months of age)
3.  ف Structural abnormality: At least two of the following KEY FACIAL FEATURES:
  - Palpebral fissure length  $\leq 10^{\text{th}}$  percentile
  - Smooth philtrum (score 4 or 5 at the Lipometer scale)
  - Thin Vermilion Border (score 4 or 5 at the Lipometer scale)
4.  ف None

### 66. Does child have FAS?

1.  ف Yes (defined below)
  - Box 3 and 1 in question 65 are checked OR
  - Box 3 and 2 in question 65 are checked OR
  - Box 3 and 2 and 1 in question 65 are checked
2.  ف No (defined below)
  - Box 1 only in question 65 is checked OR
  - Box 2 only in question 65 is checked OR
  - Box 4 only in question 65 is checked
3.  ف Deferred (defined below)
  - At least one key facial feature (which are listed in question 65, category 3) OR
  - Microcephaly (question 65, box 2) AND growth deficiency (question 65, box 1) OR
  - Microcephaly (question 65, box 2) AND at least one of the following additional features:
    - railroad track configuration ears
    - ptosis
    - heart murmur
    - decreased pronation/supination at elbows
    - camptodactyly
    - other joint contractures
    - hockey stick crease
    - other palmar crease abnormalities
  - Growth deficiency (question 65, box 1) AND at least one of the additional features listed above

67. Photographs taken:  ف Yes  ف No

68. Other diagnoses: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_