

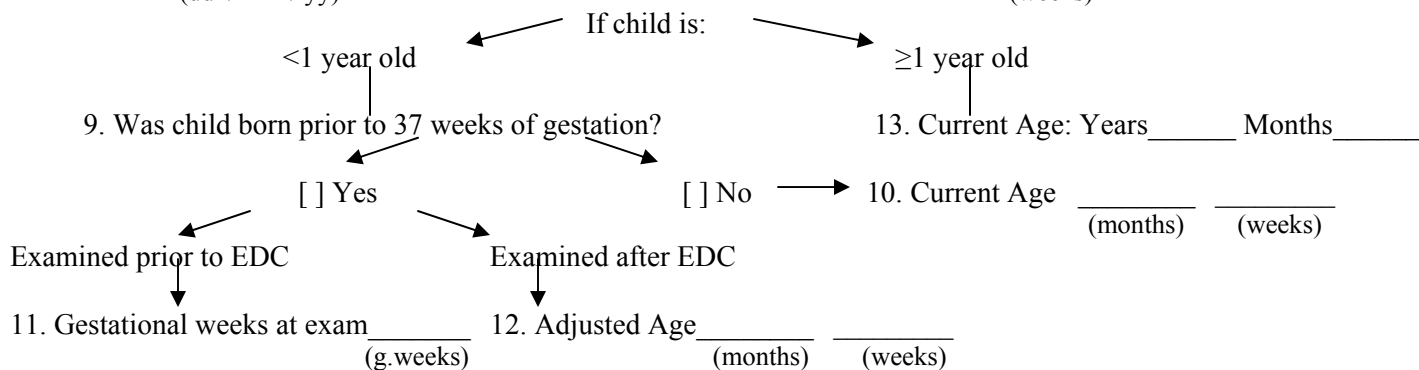
DYSMORPHOLOGY CORE PHYSICAL EXAMINATION FORM

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 th percentile | Yes | No |
| 17. Weight _____ kg | 18. Wt% _____ | 19. Wt ≤ 10 th percentile | Yes | No |

Head/Face:

| | | | | |
|---|---------------------|--|-----|----|
| 20. Occipito-Frontal Circumference _____ cm | 21. OFC% _____ | 22. OFC ≤ 10 th percentile | Yes | No |
| 23. Inner Canthal Distance _____ cm | 24. ICD% _____ | 25. ICD ≤ 25 th percentile (≤ -2SD preterm) | Yes | No |
| 26. Palpebral Fissure Length (Left) _____ cm | 27. PFL% _____ | 28. PFL ≤ 10 th 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 th fingers | | | Yes | No |
| 48. If yes, unilateral ___ bilateral ___ | | | | |
| 49. Campodactyly | | | Yes | No |
| 50. If yes, unilateral ___ bilateral ___ | | | | |
| 51. Difficulty pronation/supination elbows | | | Yes | No |
| 52. Contractures in other joints | | | Yes | No |
| 53. If yes, specify | <input type="checkbox"/> Hips <input type="checkbox"/> Knees <input type="checkbox"/> Other _____ | | | |

Hands:

| | | | | |
|--|--|--|-----|----|
| 54. Hockey stick crease | | | Yes | No |
| 55. If yes, unilateral ___ bilateral ___ | | | | |
| 56. Other altered palmar creases | | | Yes | No |
| 57. If yes, unilateral ___ bilateral ___ | | | | |
| 58. If yes, specify | <input type="checkbox"/> 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. _____