DYSMORPHOLOGY CORE PHYSICAL EXAMINATION FORM - CIFASD

Please record a value in each blank. If unknown, not applicable, or not measured, record 9999.

Child’s Last Name: ______________________
Child’s First Name: ______________________
Child’s Gender: □ Male
□ Female
Child’s Date of Birth: ______-____-_____
dd-mmm-yyyy
Example: 10-Dec-06
Examiner Last Name: _________________________
Date of Examination: ______-____-_____
dd-mmm-yyyy
Completed weeks of gestation: ___________ weeks

If child is:

<1 year old  >  >1 year old

Was child born prior to 37 weeks of gestation?
Yes  No

Child Current Age: ________ ________ year months
Infant Current Age: ________ ________ months weeks

Examined prior to EDC  Examined after EDC

Examined prior to EDC

Examined after EDC

Gest. wks at exam: ________ weeks
Adjusted Age ________ months weeks
Growth:
1. Height (cm) ______ 1a. Height percentile ______
2. Weight (kg) ______ 2a. Weight percentile ______

Head/Face:
3. OFC (cm) ______ 3a. OFC percentile ______
4. ICD (cm) ______ 4a. ICD percentile ______
5. PFL-left (cm) ______ 5a. PFL-left percentile ______
6. PFL-right (cm) ______ 6a. PFL-right percentile ______
7. Maxillary Arc (cm) ______
8. Hypoplastic midface □ Yes □ No
9. Mandibular Arc (cm) ______
10. Railroad track configuration of ears □ Yes □ No
11. Strabismus □ Yes □ No
   If yes: □ Unilateral □ Bilateral
12. Ptosis □ Yes □ No
   If yes: □ Unilateral □ Bilateral
13. Epicanthal folds □ Yes □ No
   If yes: □ Unilateral □ Bilateral
14. Anteverted Nares □ Yes □ No
15. Philtrum length (cm) ______ 15a. Philtrum length percentile ______
16. Philtrum Lipometer ______
17. Vermillion border lipometer ______

Joints:
18. Clinodactyly 5th fingers □ Yes □ No
   If yes: □ Unilateral □ Bilateral
19. Camptodactyly □ Yes □ No
   If yes: □ Unilateral □ Bilateral
20. Difficulty pronation/supination elbows □ Yes □ No
21. Contractures in other joints □ Yes □ No
   If yes, specify:
   □ Hips
   □ Knees
   Other ____________________________

   Hands:

22. Hockey stick upper palmar crease □ Yes □ No
   If yes: □ Unilateral □ Bilateral

23. Other altered palmar creases □ Yes □ No
   If yes: □ Unilateral □ Bilateral
   Single crease □ Yes □ No
   Hypoplastic thenar crease □ Yes □ No
   Other ________________________________

   Heart:

24. Heart murmur □ Yes □ No

25. Heart defect □ Yes □ No
   If yes, specify:
   □ Atrial Septal Defect □ Yes □ No
   □ Ventricular Septal Defect □ Yes □ No
   □ Patent Ductus Arteriosis □ Yes □ No
   Other ________________________________

   Neurological Status:

26. Neurological problems □ Yes □ No
   If yes, specify if child is:
   □ Hyperactive □ Yes □ No
   □ Hypertonic □ Yes □ No
   □ Hypotonic □ Yes □ No
   □ Has seizures □ Yes □ No

   Comments:

27. Other comments: ____________________________________________________________
   ____________________________________________________________________________
Abnormalities Compatible with FAS

28. Growth Deficiency □Yes □No
29. Microcephaly □Yes □No
30. Structural abnormality □Yes □No
31. Does child have FAS based on this exam? □Yes □Deferred □No

32. Photographs taken □Yes □No

Other Diagnoses:

33. Does the child have a diagnosis that precludes a diagnosis of FAS? (check one)
   □ None
   □ Williams Syndrome
   □ Toluene embryopathy
   □ Dubowitz Syndrome
   □ Deletion 22q11.2
   Other ______________________________

34. Does the child have one or more other diagnoses that DO NOT preclude FAS? If so, please list.
   Other ______________________________
   Other ______________________________
   Other ______________________________

Instructions for the Scribe: After the examination, please review of this form carefully to check that all items have been appropriately completed. The examination will be discarded if even one of the highlighted items is missing. Please make sure the child’s subject identifier (Global ID) is written at the top of each sheet.