Global ID Number: _____

ver 13Jan09 Imp

DYSMORPHOLOGY CORE PHYSICAL EXAMINATION FORM

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

Child's Last Name: _____

Child's First Name: _____

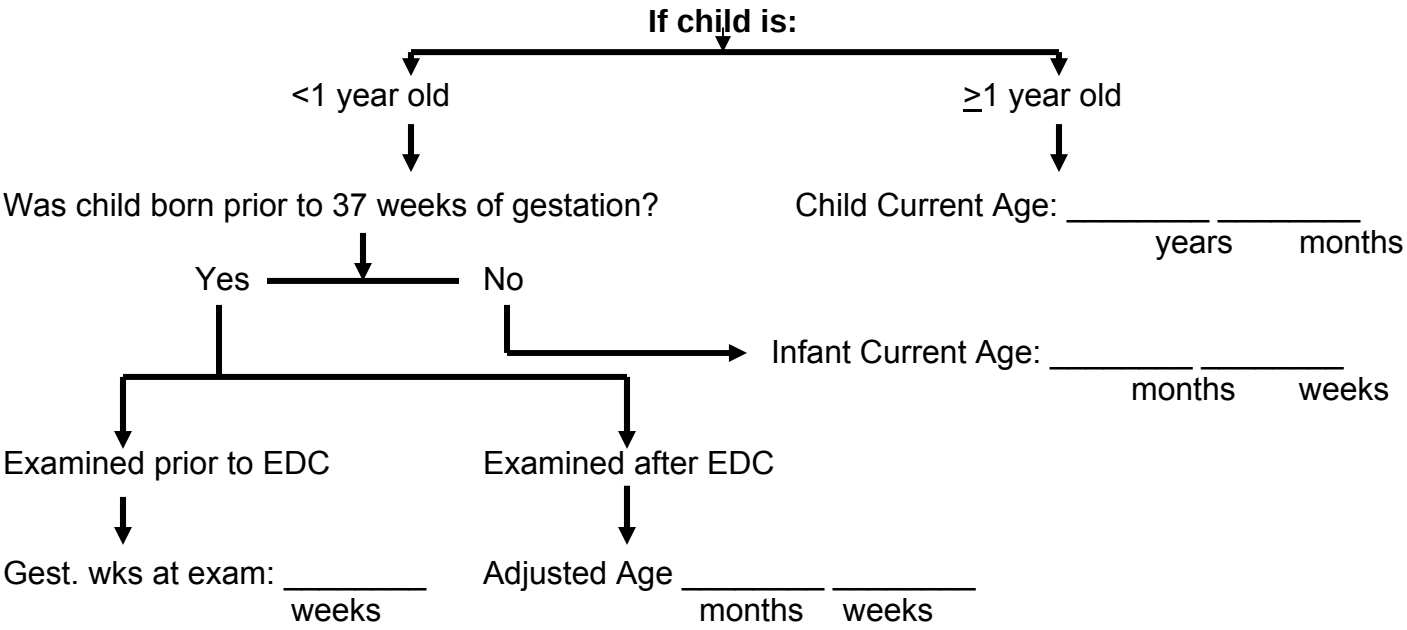
Child's Gender: □ Male
□ Female

Child's Date of Birth: _____-_____-_____
dd-mmm-yy
Example: 10-Dec-06

Examiner Last Name: _____

Date of Examination: _____-_____-_____
dd-mmm-yy

Completed weeks of gestation: _____
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

Vetricular 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. If you have questions about how an item should be completed, you can phone Lela Prewitt at 619-402-6922 or e-mail lprewitt@ucsd.edu.