

1. PREGNANCY HISTORY:

A. GENERAL INFORMATION:

Mother's age when child was born: _____ This was her _____ pregnancy (1st, 2nd etc.)

Father's age when child was born: _____ Number of pregnancies by this father: _____

Number of: Pregnancies: ____ Miscarriages: ____ Stillbirths: ____ Infant deaths: ____ Elective abortions: ____

Mother's prepregnancy weight: _____ Mother's weight at delivery: _____

Fetal activity first noted (mos. gestation): _____ Intensity of fetal activity: _____

Other concerns about fetal activity: _____

B. MATERNAL ILLNESSES: (Include timing of diagnosis, severity and treatment)

Diabetes: _____

Seizures: _____

Hypertension: _____

Infections: _____

Other: _____

C. MATERNAL EXPOSURES: (Include timing of exposure, dosage and amount)

Tobacco: _____

Alcohol: _____

Caffeine: _____

Medications: _____

Street drugs: _____

X-Rays: _____

Other: _____

D. OTHER PREGNANCY COMPLICATIONS: (Premature onset of labor, abuse, motor vehicle accidents, bleeding, etc.)

E. PRENATAL TESTING:

U/S: How many? _____ Results: _____

MSAFP: When performed? _____ Results: _____

Amnio/CVS: When performed? _____ Why? _____

Results: _____

2. DELIVERY HISTORY:

Name or Location of Hospital: _____ Weeks Gestation: _____

Type of Delivery (check one): Spontaneous Induced Details: _____

(check one): Vaginal C-Section Why?: _____

(check one): Vertex Breech Details: _____

(check one): No assistance With assistance Describe: _____

Any other complication of labor or delivery? _____

Birth Weight: _____ (_____ %tile) Birth Length: _____ (_____ %tile)

Head Circum.: _____ (_____ %tile) Chest Circum.: _____ (_____ %tile)

Apgar Scores: _____ (1 minute), _____ (5 minutes), _____ (10 minutes)

Any abnormalities noted involving the placenta, amniotic fluid or umbilical cord? _____

Any neonatal problems encountered? _____

When was infant discharged home? _____

3. FAMILY HISTORY: (record pedigree on next page)

What is the maiden name of the mother of infant, child or adult being evaluated? _____

Are the parents related to one another by blood? _____ If so, how? _____

(NOTE: if consanguinity is noted, try to identify the common relatives and demonstrate on the pedigree.)

Mother's education: _____ Father's education: _____

Mother's employment: _____ Father's employment: _____

4. PEDIGREE:

5. PHYSICAL EXAM:

PATIENT'S NAME: _____ **AGE:** _____ **SEX:** _____

Weight: _____ %tile. **Height:** _____ %tile. **Head Circumference:** _____ %tile.

Cranium/Forehead/Scalp Hair: _____

Ears: Diag. diameter of right _____ %tile. Diag. diameter of left _____ %tile.

Eyes: IPD _____ %tile. ICD _____ %tile. Palpebral fissures _____ %tile.

Nose: _____

Face: _____

Mouth: _____

Philtrum: _____

Mandible: _____

Neck: _____

Thorax: Chest Circum.: _____ %tile. _____

Heart: _____

Abdomen: _____

Back: _____

Hips: _____

Buttocks/Anus: _____

Genitalia: _____

Joints: _____

Skin: _____

Body Hair: _____

Arms/Hands: _____

Legs/Feet: _____

Muscles: _____

Neurological: _____

Lab/X-ray, etc.: _____

Other: _____

If necessary, examination of relatives: _____

PHOTOGRAPHIC RELEASE FORM

[Address of Institution Performing Evaluation]

I hereby give consent for photographs and/or videotape footage to be taken of _____, and I understand that these may be used in medical teaching including medical publications for the purpose of furthering medical education. I understand that no names or identification are used in these publications.

Mother: _____

Father: _____

Guardian: _____

Patient: _____

Date: ____ / ____ / ____

Witness: _____

5. _____