

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)

Diabetes: _____

Seizures: _____

Hypertension: _____

Infections: _____

Other: _____

PREGNANCY HISTORY

Unfortunately, the child who is being evaluated for FAS, ARND, or other potential disorder is often not in the custody of the biological parents. The pregnancy history described below is critical in establishing the framework on which to build a case for or against FAS and ARND. This information, though, is not always readily available to the foster parents or adoptive parents who may be bringing the child to the genetics evaluation. Social workers and their case workers should make every attempt to retrieve as much pregnancy information as possible prior to the evaluation.

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

Tobacco: _____

Alcohol: _____

Caffeine: _____

Medications: _____

Street drugs: _____

X-Rays: _____

Other: _____

SUBSTANCE AND TERATOGEN EXPOSURE

This is obviously critical information in the diagnosis of FAS or ARND. Without direct or indirect evidence of maternal use of alcohol, FAS and ARND are very difficult diagnoses to make. Ideally, one hopes to have an admission of alcohol use by the biological mother. However, other means of identifying maternal alcohol use are available, such as: history of DUI or public intoxication during the pregnancy, admission to drug/alcohol rehabilitation facility, reliable testimony from friends or relatives that alcohol was used, records from prenatal visits or delivery records that document the smell of alcohol on mother's breath.

D. OTHER PREGNANCY COMPLAINTS: (Include timing of onset, symptoms, accidents, bleeding, etc.)

Street drugs may impact the growth, development and differentiation of the fetal brain, and cause a whole host of neurologic/developmental problems in the child. It is critical to know what drugs were used, in what amount and when during the pregnancy they were taken.

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

(check one): No assistance With assistance

DELIVERY HISTORY
The child who has been damaged prenatally by exposure to alcohol must be differentiated from the baby who suffered brain damage at or around the time of delivery. The labor and delivery history can indicate what complications occurred, and give evidence to the health of the child at this critical moment.

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:

FAMILY HISTORY AND PEDIGREE

The family history (pedigree) places the child in the context of his/her family, and allows for the comparison of the child to his/her parents, full siblings, half siblings and more distant relatives.

There are standard signs and symbols that are used in pedigree construction so that no matter who records the pedigree, anyone can look at it and see immediately how one person in the family is related to another. The genetic background of the child in question must always be considered in determining whether he/she, who was exposed prenatally to alcohol, differs from those in the family who were not prenatally exposed.

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: _____

PHYSICAL EXAM
The physical exam is critical in determining whether the child has sufficient clinical evidence for the diagnosis of FAS. If there is no clinical evidence for FAS, but the child has been exposed to alcohol prenatally and the child has developmental, intellectual, or behavioral concerns then a diagnosis of ARND (Alcohol Related Neurodevelopmental Disorder) must be seriously considered, provided there is no plausible explanation for these concerns other than the alcohol exposure.

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.

PHOTOGRAPHS

Frequently, clinicians will want to document a case by taking photographs of the child. Doctors may also request photographs of relatives and of the child at various ages.

Older photographs of a child can help determine if some physical features that may have been more prominent in the past have gone away to some extent.

Photographs of *biological* family members can help determine whether physical characteristics, such as low-set and protruding ears, run in a family as opposed to potentially having a neurodevelopmental origin.

Sometimes doctors may request a release, such as this one, to use the photographs for educational and training purposes. This release is entirely voluntary and is more often requested at larger institutions. The release allows the institution to use the photograph(s) as examples to train other individuals about disorders and medical practice.

Mother: _____

Father: _____

Guardian: _____

Patient: _____

Date: ____ / ____ / ____

Witness: _____

