

Physical Examination Form

Clinical Genetics Evaluation

General

Today's Date _____

Study ID _____

Participant Name _____

Date of Birth _____

Current Age _____

Weight _____

%tile _____

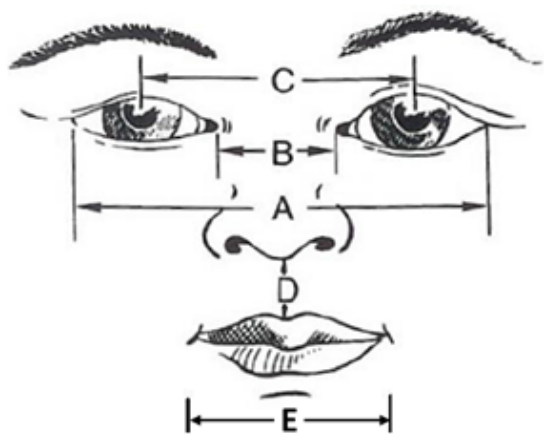
Height _____

%tile _____

Growth and Development Developmental Delay Growth Retardation Other

Please Explain _____

Facial Measurements



Outer Canthal Distance (A) _____

%tile _____

Inner Canthal Distance (B) _____

%tile _____

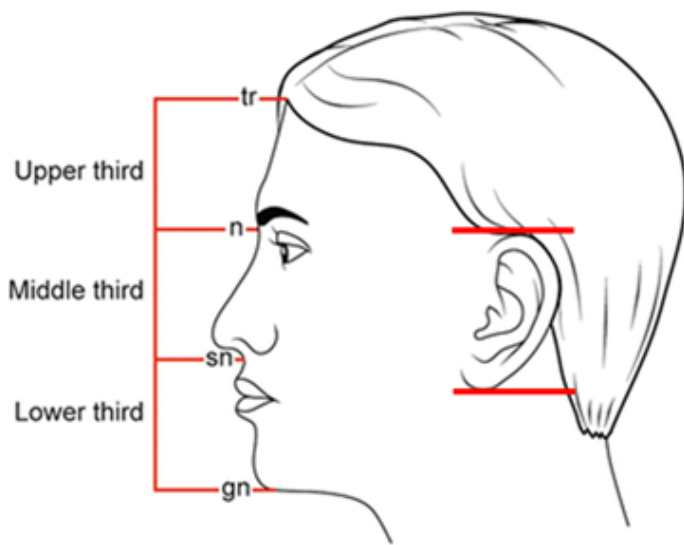
Interpupillary Distance (C) _____

%tile _____

Right Palpebral Fissure Length _____

%tile	_____
Left Palpebral Fissure Length	_____
%tile	_____
Philtrum Length (D)	_____
%tile	_____
Mouth Width (E)	_____
%tile	_____

Lateral Facial Measurements



Upper Third	_____
Middle Third	_____
Lower Third	_____
Left Ear Length	_____
%tile	_____
Right (E)ar Length	_____
%tile	_____

Head and Skull

Child - Head Circumference	_____
Child - %tile	_____
Mother - Head Circumference	_____
Mother - %tile	_____
Father - Head Circumference	_____

Father - %tile

Child - Head Length

Mother - Head Length

Father - Head Length

Child - Head Width

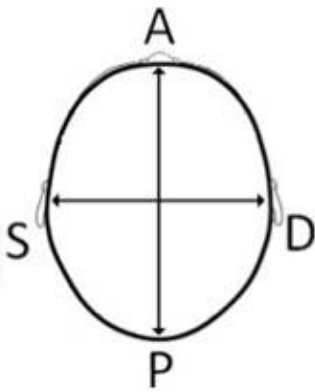
Mother - Head Width

Father - Head Width

Child - Cranial Index

Mother - Cranial Index

Father - Cranial Index



$$CI(\%) = \frac{SD}{AP} \cdot 100$$

Child - Right oblique (Diagonal B)

Mother - Right oblique (Diagonal B)

Father - Right oblique (Diagonal B)

Child - Left oblique (Diagonal A)

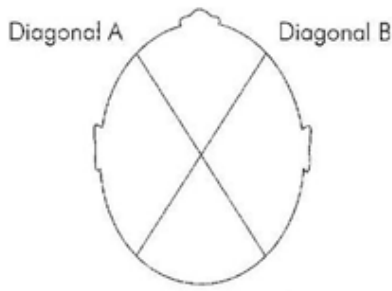
Mother - Left oblique (Diagonal A)

Father - Left oblique (Diagonal A)

Child - Asymmetry Index (CVAI)

Mother - Asymmetry Index (CVAI)

Father - Asymmetry Index (CVAI)



$$CVAI = \frac{|A-B| \times 100}{A \text{ or } B}$$

(whichever is greater)

Skull Sutures

Skull Sutures

Normal Synostotic

Sagittal

Yes No

Coronal

L = left R = right
 B = bilateral

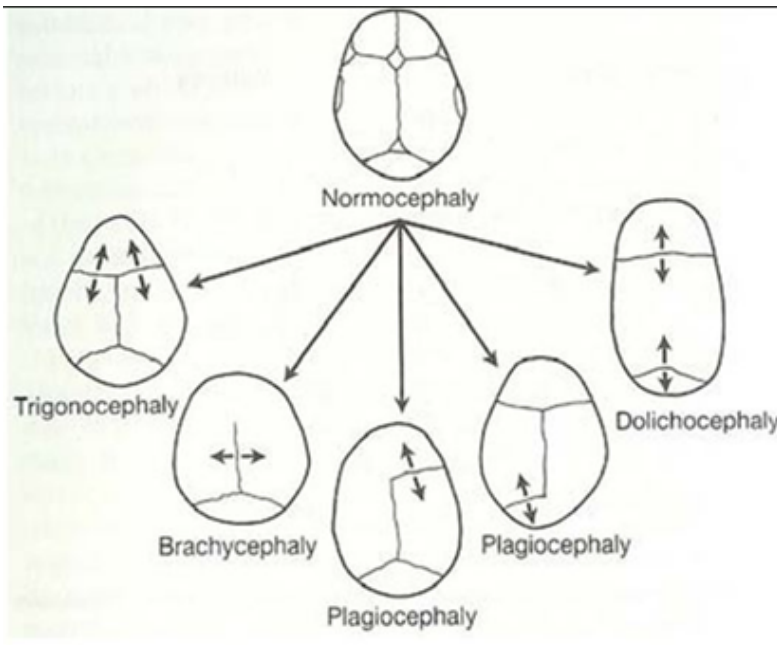
Metopic

Yes No

Lambdoidal

L = left R = right
 B = bilateral

Skull Shape



Asymmetry

Present Absent

Brachycephaly

Present Absent

Acrocephaly

Present Absent

Plagiocephaly

Present Absent

Trionocephaly

Present Absent

Scaphocephaly Present Absent

Cloverleaf Skull Present Absent

Other Present Absent

Please Describe _____

Occipital Shape Normal Flat

Anterior Fontanel Normal Large Small
 Closed

Posterior Fontanel Normal Large Small
 Closed

Hairline Normal Abnormal

Please describe _____

Hair Normal Abnormal

Explain _____

Chest and Neck

Neck Normal Abnormal

Please Describe _____

Clavicles Normal Abnormal

Please Describe _____

Chest Circumference _____

%tile _____

Internipple Distance _____

%tile _____

Anterior Chest Deformity None
 Pectus Excavatum
 Pectus Carinatum
 Other

Please Describe _____

Vertebral Column

Vertebral Column

- Normal
- Kyphosis
- Lordosis
- Scoliosis
- Other abnormalities

Please Describe

Lung Examination

Lung Examination

- Normal
- Abnormal

Please Describe

Cardiovascular Examination

Cardiovascular Examination

- Normal
- Abnormal

Please Describe

Blood Pressure

Heart Rate

Abdomen/Genital Examination

Hernia

- Yes
- No

Please Describe

Organomegaly

- Yes
- No

Please Describe

Genital Abnormalities

- Yes
- No

Please Explain

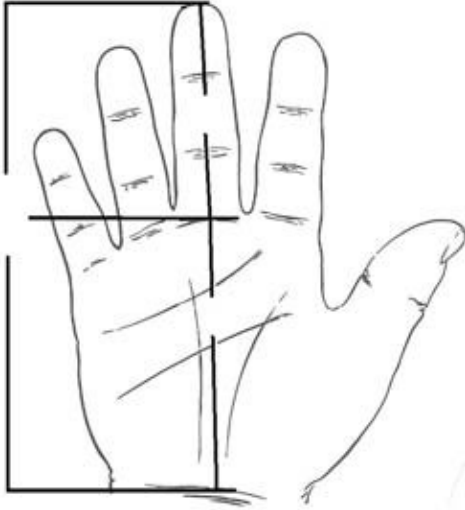
Extremities

Upper Extremity

Normal Abnormal

Please Explain

Hand Lengths



Left Hand Length

%tile

Left Palm Length

%tile

Left Middle Finger Length

%tile

Right Hand Length

%tile

Right Palm Length

%tile

Right Middle Finger Length

%tile

Hand Digits

- Normal
- Brachydactyly
- Arachnodactyly
- Polydactyly
- Syndactyly
- Other Abnormalities

Please Describe

Dermatoglyphics

Normal Abnormal

Please Describe

Nails

Normal Abnormal

Explain

Lower Extremity

Normal Abnormal

Please Explain

Feet Digits

- Normal
- Brachydactyly
- Arachnodactyly
- Polydactyly
- Syndactyly
- Other Abnormalities

Please Describe

Foot Lengths



Left Foot Length

%tile

Right Foot Length

%tile

Arch of Foot

- Normal Pes planus
- Pes cavus

Joint Mobility

Normal Abnormal

Please describe

Body Measurements

Upper / Lower Segment Ratio

Normal Abnormal

Please Explain

Arm Span / Height Ratio

Normal Abnormal

Please Explain

Skin

Skin

Normal Abnormal

Explain

Neurologic Examination

Neurologic Examination

Normal Abnormal

Please Describe

Final Diagnosis

Isolated Craniosynostosis

Yes No

Please Describe

Syndromic Craniosynostosis

Yes No

Please Specify

Other Diagnosis

Yes No

Please Describe

Other Findings and Comments

Other Findings

Comments
