

DATE OF EXAMINATION: ____ / ____ / ____

PLACE OF EXAMINATION: _____

PHYSICAL MEASUREMENTS

Weight: _____ kg Skinfold - triceps: _____ mm
 Length (crown-heel): _____ cm - subscapular: _____ mm
 Length (crown-rump): _____ cm - suprailiac: _____ mm
 Head circumference: _____ cm - abdominal: _____ mm
 Chest circumference: _____ cm
 Arm circumference: _____ cm

BLOOD PRESSURE: ____ / ____ mm Hg State: _____ Instrument: _____

PHYSICAL EXAMINATION/DYSMORPHOLOGY SCREEN

- | | | |
|------------------------|------------------------|-------------------|
| 1. Eyes _____ | 2. Nose _____ | 3. Mouth _____ |
| 4. Ears _____ | 5. Jaw _____ | 6. Midface _____ |
| 7. Skull _____ | 8. Hair _____ | 9. Neck _____ |
| 10. Skin _____ | 11. Hands _____ | 12. Feet _____ |
| 13. Limbs _____ | 14. Joints _____ | 15. Spine _____ |
| 16. Chest _____ | 17. Heart _____ | 18. Abdomen _____ |
| 19. Genitals _____ (M) | 20. Genitals _____ (F) | |

<u>No. of teeth</u>	<u>Right</u>					<u>Left</u>					
Upper	E	D	C	B	A	A	B	C	D	E	Circle any erupted teeth
Lower	E	D	C	B	A	A	B	C	D	E	Indicate carious teeth thus ⊗

A = central incisor, B = lateral incisor, C = canine, D & E = first & second molars

NEUROLOGY

	<u>Tone</u>		<u>Reflexes</u>		<u>Plantars:</u>	<u>Sensation</u>	
	<u>Arms</u>	<u>Legs</u>	<u>Arms</u>	<u>Legs</u>		<u>Arms</u>	<u>Legs</u>
Right	_____	_____	_____	_____	_____	_____	_____
Left	_____	_____	_____	_____	_____	_____	_____

Abnormal Neurologic Features: _____

DEVELOPMENTAL SCREENING EXAMINATION - 12 MONTHS

	<u>Adequate</u>	<u>Normal</u>
Gross Motor	<input type="checkbox"/> Sits well and pivots <input type="checkbox"/> Crawls easily <input type="checkbox"/> Stands with support <input type="checkbox"/> Pulls to stand <input type="checkbox"/> Cruises	<input type="checkbox"/> Stands alone <input type="checkbox"/> Walks, one hand held <input type="checkbox"/> Walks alone
Fine Motor	<input type="checkbox"/> Pokes with finger <input type="checkbox"/> Side-finger grasp <input type="checkbox"/> Bangs 2 cubes <input type="checkbox"/> Throws objects, casting	<input type="checkbox"/> Points <input type="checkbox"/> Fine pincer grasp <input type="checkbox"/> Puts cubes in/out of cup <input type="checkbox"/> Attempts tower 2 cubes
Cognitive-Social	<input type="checkbox"/> Plays peek-a-boo <input type="checkbox"/> Searches for hidden toy <input type="checkbox"/> Stirs spoon in imitation <input type="checkbox"/> Rings bell	<input type="checkbox"/> Plays pat-a-cake, claps hands <input type="checkbox"/> Finds toy under cup <input type="checkbox"/> Drinks from cup with help <input type="checkbox"/> Plays ball
Language	<input type="checkbox"/> Babbles <input type="checkbox"/> Localises sounds above/below <input type="checkbox"/> Responds to "No!"	<input type="checkbox"/> 1-5 clear words <input type="checkbox"/> Obeys simple commands

"Adequate" items are those achieved by infants from 9 to 12 months of age.

"Normal" items are those achieved by infants at, or slightly after, 12 months of age.

REFER, for formal assessment, any child with delayed development (i.e. does not pass in at least two areas, either in testing situation or on questionnaire.

VISION - NEAR (0.3 m)

	<u>Right</u>	<u>Left</u>
Hundreds and thousands	<input type="checkbox"/>	<input type="checkbox"/>
Rice	<input type="checkbox"/>	<input type="checkbox"/>

Near visual acuity _____

VISUAL FIELDS (STYCAR) _____

VISION - FAR (3 m)

STYCAR Graded Balls - Rolling

Size (cm) .32* .48* .63* .95 1.3* 1.9 2.5* 3.8 5.0* 6.3

Both eyes										
Right										
Left										

* items marked thus may be used in an abbreviated test.

Far visual acuity _____

HEARING (STYCAR) (1 m)

	<u>Voice</u>	<u>Rattle</u>	<u>Cup/spoon</u>	<u>Paper</u>	<u>Bell</u>
Right	_____	_____	_____	_____	_____
Left	_____	_____	_____	_____	_____

Normal response = +

Delayed response = D+

Uncertain response = U

No response = -

Overall hearing _____

COMMENTS: _____

ELM SCALE - EARLY LANGUAGE MILESTONE SCALE

NAME _____
 DOB _____ DOE _____ CA _____
 Examiner _____ Loc. _____

