

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	Mid-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 as ⊗

A & B = central and lateral incisors, C = canine, D & E = 1st and 2nd 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 Neurological Features: \_\_\_\_\_

DEVELOPMENTAL SCREENING EXAMINATIONScale AScale NGross Motor

- |  |   |
|--|---|
| <input type="checkbox"/> Walks backwards         | <input type="checkbox"/> Jumps on spot or off stair |
| <input type="checkbox"/> Runs/trots              | <input type="checkbox"/> Stands on one foot         |
| <input type="checkbox"/> Climbs stairs with help | <input type="checkbox"/> Kicks ball                 |
| <input type="checkbox"/> Throws ball             | <input type="checkbox"/> Climbs stairs alone        |

Fine Motor

- |  |   |
|--|---|
| <input type="checkbox"/> Tower of 3 blocks             | <input type="checkbox"/> Tower of 6 blocks        |
| <input type="checkbox"/> Tips from cup                 | <input type="checkbox"/> Imitates vertical stroke |
| <input type="checkbox"/> Scribbles spontaneously       | <input type="checkbox"/> Folds paper              |
| <input type="checkbox"/> Turns pages (several at once) | <input type="checkbox"/> Turns pages (singly)     |

Cognitive-Social

- |   |  |
|---|--|
| <input type="checkbox"/> 1 piece into formboard | <input type="checkbox"/> 3 pieces into formboard |
| <input type="checkbox"/> Identifies 1 body part | <input type="checkbox"/> Identifies 3 body parts |
| <input type="checkbox"/> Identifies 1 picture   | <input type="checkbox"/> Identifies 3 pictures   |

Communication

- |  |  |
|--|--|
| <input type="checkbox"/> Tuneful babble/hums to self | <input type="checkbox"/> Knows own name      |
| <input type="checkbox"/> Uses 6-10 words             | <input type="checkbox"/> 2-word combinations |
| <input type="checkbox"/> Names 1 picture             | <input type="checkbox"/> Names 3 pictures    |

