

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: _____



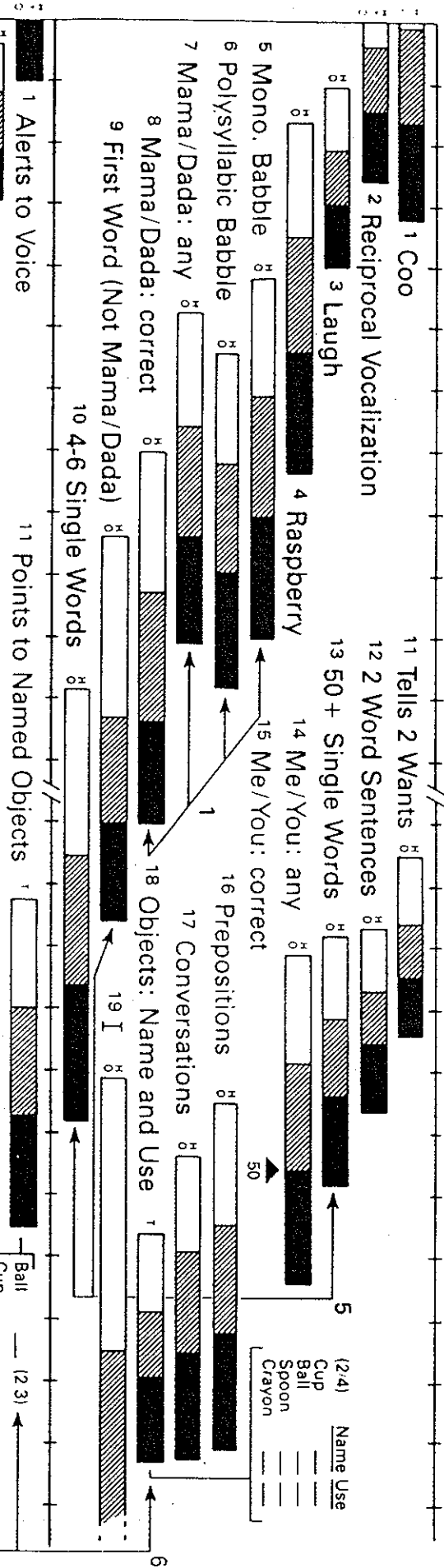
ELM SCALE

EARLY LANGUAGE MILESTONE SCALE

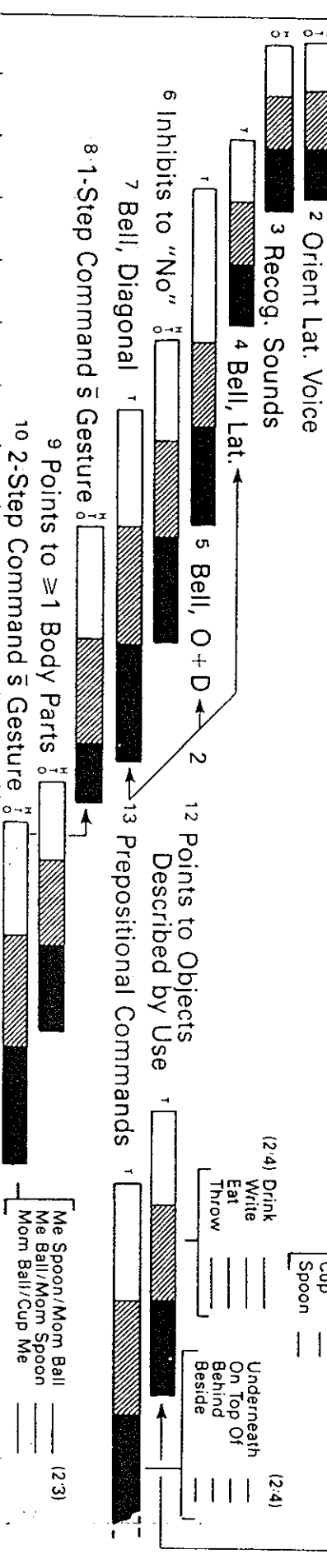
MONTHS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36

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

AUDITORY EXPRESSIVE



AUDITORY RECEPTIVE



VISUAL

