

GENOMIC MICROARRAY PATIENT CLINICAL INFORMATION FORM

Patient's Name _____ Date of Birth ____/____/____ Gender Female Male
 Physician _____ Physician Phone (____) _____ Physician Specialty _____
 Genetic Counselor _____ Counselor Phone (____) _____

CLINICAL INFORMATION

Please check all that apply.

Perinatal History

- Not evaluated
- Within normal limits
- Prematurity
- IUGR
- Oligohydramnios
- Polyhydramnios
- Other: _____

Growth

- Not evaluated
- Within normal limits
- Failure to thrive
- Overgrowth
- Short stature
- Other: _____

Development

- Not evaluated
- Within normal limits
- Fine motor delay
- Gross motor delay
- Speech delay
- Other: _____

Cognitive

- Not evaluated
- Within normal limits
- Learning disability
- Intellectual disability
- List IQ/DQ, if known: _____
- Other: _____

Behavioral

- Not evaluated
- Within normal limits
- Asperger syndrome features
- Autism
- Oppositional-defiant disorder
- Obsessive-compulsive disorder
- Pervasive developmental delay
- Other: _____

Neurological

- Not evaluated
- Within normal limits
- Ataxia/dystonia/chorea
- Hypotonia
- Neural tube defect
- Seizures
- Spasticity
- Structural brain anomaly
- Other: _____

Cardiac

- Not evaluated
- Within normal limits
- ASD
- AV canal defect
- Coarctation of aorta
- Hypoplastic left heart
- Tetralogy of fallot
- VSD
- Other: _____

Craniofacial

- Not evaluated
- Within normal limits
- Cleft lip +/- cleft palate
- Cleft palate alone
- Coloboma
- Craniosynostosis
- Dysmorphic facial features
- Ear malformation
- Macrocephaly
- Microcephaly
- List HC, if known: _____
- Other: _____

Cutaneous

- Not evaluated
- Within normal limits
- Hyperpigmentation
- Hypopigmentation

Musculoskeletal

- Not evaluated
- Within normal limits
- Contractures
- Club foot
- Diaphragmatic hernia
- Limb anomaly
- Polydactyly
- Scoliosis
- Syndactyly
- Vertebral anomaly
- Other: _____

Gastrointestinal

- Not evaluated
- Within normal limits
- Gastroschisis
- Hirschsprung disease
- Omphalocele
- Pyloric stenosis
- Tracheoesophageal fistula
- Other: _____

Genitourinary

- Not evaluated
- Within normal limits
- Ambiguous genitalia
- Hydronephrosis
- Hypospadias
- Kidney malformation
- Undescended testis
- Urethra/ureter obstruction
- Other: _____

Family History

- Not evaluated
- No relevant family history
- Parents with \geq two miscarriages
- Other relatives with similar clinical history (please explain below)

CLINICAL DESCRIPTIONS

Please include any additional relevant clinical information not provided above.