Bench to Bassinet
Pediatric Cardiac Genomics Consortium: CHD GENES
Form 110: Genetics Physical Exam - Part I
Version: C - 06/22/2011

SECTION A: ADMINISTRATIVE INFORMATION

A1. Study Identification Number:

A2. Study Visit:

A3. Date Form Completed: *MM/DD/YYYY*

A4. Date of Exam: *MM/DD/YYYY*

SECTION B: GENERAL APPEARANCE

B1. Subject's Height

	Feet/inches	Centimeters	Unknown	Source Pending
a. Height Unit:	○	○	○	○

Feet/inches: b. ft c. in

d. Centimeters: cm

B2. Subject's Weight

	Pounds/ounces	Kilograms	Unknown	Source Pending
a. Weight Unit:	○	○	○	○

Pounds/ounces: b. lbs c. oz

d. Kilograms: kgs

B3. Subject's Head Circumference

	Inches	Centimeters	Unknown	Source Pending
a. Head Circumference Unit:	○	○	○	○

b. Head Circumference:

SECTION C: HEAD

	Normal	Abnormal	Unknown	Source Pending
C1. Head:	○	○	○	○

a. Abnormal fontanel ☐

i. Specify:

b. Bitemporal narrowing ☐

c. Craniosynostosis ☐

i. Specify Type:
- ○ Brachycephaly (bilateral coronal)
- ○ Plagiocephaly (coronal)
- ○ Scaphocephaly (sagittal)
- ○ Trignocephaly (metopic)
- ○ Other
- ○ Unknown
- ○ Source Pending

	Right	Left
ii. If Plagiocephaly, specify side:	○	○

iii. If Other, specify:

d. Frontal bossing ☐

e. Macrocephaly ☐

f. Microcephaly ☐

g. Small anterior fontanel ☐

h. Triangular face ☐

i. Other ☐

ii. If Other, specify: _____

	Normal	Abnormal	Unknown	Source Pending
C2. Hair:	○	○	○	○

a. Alopecia ☐

b. Sparse ☐

c. Steely ☐

d. Other ☐

i. If Other, specify: _____

SECTION D: EYES

	Yes	No	Unknown	Source Pending
D0. Were eye distances measured?	○	○	○	○

D1. Inner Canthal Distance: _____ cm

a. Percentile:
- ○ <5
- ○ 5-10
- ○ 11-25
- ○ 26-50
- ○ 51-75
- ○ 76-97
- ○ >97

D2. Outer Canthal Distance: _____ cm

a. Percentile:
- ○ <5
- ○ 5-10
- ○ 11-25
- ○ 26-50
- ○ 51-75
- ○ 76-97
- ○ >97

D3. Inter Pupillary Distance: _____ cm

a. Percentile:
- ○ <5
- ○ 5-10
- ○ 11-25
- ○ 26-50
- ○ 51-75
- ○ 76-97
- ○ >97

D4. Eye Distance:
- ○ Normal
- ○ Hyperteloric
- ○ Hypoteloric
- ○ Telecanthus
- ○ Unknown
- ○ Source Pending

	Normal	Abnormal	Unknown	Source Pending
D5. Eyes:	○	○	○	○

	Right	Left	Both	None
a. Anophthalmia	○	○	○	○
b. Blue sclera	○	○	○	○
c. Coloboma Choroidal	○	○	○	○
d. Coloboma Iris	○	○	○	○
e. Coloboma Retinal	○	○	○	○

	Right	Left	Both	None
f. Deep set				
g. Down Slanting				
h. Epicanthal Folds				
i. Hooded				
j. Microphthalmia				
k. Nystagmus				
l. Periorbital Fullness				
m. Proptosis				
n. Ptosis				
o. Short Palpebral Fissures				
p. Strabismus				
q. Telecanthus				
r. Other				

. i. If Other, specify:

SECTION E: EAR, NOSE, and MOUTH

	Normal	Abnormal	Unknown	Source Pending
E1. Ears:				

	Right	Left	Both	None
a. Cupped				
b. Helix, crumpled				
c. Helix, overfolded				
d. Helix, simple				
e. Helix, squared off				
f. Helix, thick				
g. Large				
h. Low Set				
i. Pit				
j. Posteriorly rotated				
k. Protuberant				
l. Small				
m. Tag				
n. Other				

ni. If Other, specify:

	Normal	Abnormal	Unknown	Source Pending
E2. Philtrum:				

a. Featureless
b. Long
c. Short
d. Other

i. If Other, specify:

	Normal	Abnormal	Unknown	Source Pending
E3. Nose:				

a. Beaked
b. Broad Nasal Root/ Bridge
c. Bulbous Tip
d. Depressed Nasal Bridge
e. Hypoplastic Alae Nasae
f. Large

g. Nares Anteverted ☐

h. Nares Narrow ☐

i. Nasal Crease ☐

j. Nasal Dimple ☐

k. Prominent Nasal Root/ Bridge ☐

l. Small ☐

m. Other ☐

i. If Other, specify:

	Normal	Abnormal	Unknown	Source Pending
E4. Mouth:	○	○	○	○

a. Asymmetric Crying Facies ☐

b. Down Turned Corners ☐

c. Macroglossia ☐

d. Micrognathia ☐

e. Large (macrostomia) ☐

f. Small (microstomia) ☐

g. Thin Upper Lip ☐

h. Other ☐

i. If Other, specify:

	Normal	Abnormal	Unknown	Source Pending
E5. Palate:	○	○	○	○

a. Bifid Uvula ☐

b. Cleft Lip
○ Unilateral
○ Bilateral
○ No

c. Cleft Palate
○ Unilateral
○ Bilateral
○ No

d. Submucosal Cleft Palate ☐

e. High Arched ☐

f. Other ☐

i. If Other, specify:

	Normal	Abnormal	Unknown	Source Pending
E6. Neck:	○	○	○	○

a. Branchial Cleft/ Cyst ☐

b. Broad ☐

c. Excess nuchal skin ☐

d. Long ☐

e. Low posterior hairline ☐

f. Short ☐

g. Webbed neck ☐

h. Other ☐

i. If Other, specify:

	Normal	Abnormal	Unknown	Source Pending
E7. Teeth:	○	○	○	○

a. Abnormal dentin/ enamel ☐

b. Abnormal shape ☐

c. Crowded ☐

d. Malocclusion ☐

e. Natal teeth ☐

f. Oligodontia ☐

g. Supernumerary teeth ☐

h. Other ☐

i. If Other, specify:

Please remember to complete Part II of F110.