

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
- 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Blue sclera	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Coloboma Choroidal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Coloboma Iris	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Coloboma Retinal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Right	Left	Both	None
f. Deep set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Down Slanting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Epicanthal Folds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Hooded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Microphthalmia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Nystagmus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Periorbital Fullness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Proptosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Ptosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Short Palpebral Fissures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Strabismus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Telecanthus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
. i. If Other, specify:	<input type="text"/>			

SECTION E: EAR, NOSE, and MOUTH

	Normal	Abnormal	Unknown	Source Pending
E1. Ears:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Right	Left	Both	None
a. Cupped	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Helix, crumpled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Helix, overfolded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Helix, simple	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Helix, squared off	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Helix, thick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Large	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Low Set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Pit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Posteriorly rotated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Protuberant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Small	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Tag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ni. If Other, specify:	<input type="text"/>			

	Normal	Abnormal	Unknown	Source Pending
E2. Philtrum:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Featureless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Short	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If Other, specify:	<input type="text"/>			

	Normal	Abnormal	Unknown	Source Pending
E3. Nose:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Beaked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Broad Nasal Root/ Bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bulbous Tip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Depressed Nasal Bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hypoplastic Alae Nasae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Large	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 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.