

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

SECTION A: ADMINISTRATIVE INFORMATION

A1. Study Identification Number:

A2. Study Visit:

A3. Date Form Completed: MM/DD/YYYY

SECTION F: SKIN, CHEST, ABDOMEN, AND BACK

	Normal	Abnormal	Unknown	Source Pending
F1. Skin:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- a. Ashleaf spots
- b. Café-au-lait spots
- c. Cutis marmata
- d. Hemangioma
- e. Hyperkeratosis
- f. Hyperpigmented lesions
- g. Hypopigmented lesions
- h. Lipoma
- i. Port wine spots
- j. Skin tag
- k. Telangiectasia
- l. Other

i. If Other, specify:

F2. Chest circumference: cm

F3. Inter-Nipple Distance (IND): cm

	Normal	Wide Spaced Nipples	Closely Spaced Nipples	Unknown	Source Pending
F4. Nipples:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Normal	Abnormal	Unknown	Source Pending
F5. Chest:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- a. Barrel
- b. Absent/ hypoplastic clavicles
- c. Narrow
- d. Supernumerary Nipples
- e. Absent pectoralis muscle
- f. Pectus Carinatum
- g. Pectus Excavatum
- h. Absent Ribs
- i. Supernumerary Ribs
- j. Short
- k. Other

i. If Other, specify:

	Normal	Abnormal	Unknown	Source Pending
F6. Abdomen:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- a. Abdominal Mass
- b. Diastasis recti
- c. Gastroschisis
- d. Inguinal Hernia
- e. Umbilical Hernia
- f. Left-sided Liver
- g. Midline Liver
- h. Omphalocele
- i. Splenomegaly
- j. Other

i. If Other, specify:

Normal **Abnormal** **Unknown** **Source Pending**

F7. Back:

- a. Kyphosis
- b. Meningomyelocele
- c. Sacral Dimple
- d. Scoliosis
- e. Winged Scapula Unilateral
 Bilateral
 No
- f. Other

i. If Other, specify:

SECTION G: GENITOURINARY (HISTORY OF OR PRESENT)

Normal **Abnormal** **Unknown** **Source Pending**

G1. Genitourinary:

- a. Ambiguous Genitalia
- b. Anteriorly Placed Anus
- c. Bifid Scrotum
- d. Imperforate/ Atretic Anus
- e. Enlarged/ Prominent Clitoris
- f. Labial Hypoplasia
- g. Hypospadias
 - i. Hypospadias (degree): I
 II
 III
 Not specified
- h. Micropenis
- i. Shawl Scrotum
- j. Undescended Testis Unilateral
 Bilateral
 No
- k. Varicocele
- l. Other

i. If Other, specify:

SECTION H: UPPER EXTREMITY

	Normal	Abnormal	Unknown	Source Pending
H1. Hands:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Normal	Long	Short	Unknown	Source Pending
a. Finger Length	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Unknown	Source Pending
b. Tapered Fingers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Right	Left	Both	None
c. Clinodactyly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Camptodactyly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Ectrodactyly/ Oligodactyly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Elbow contracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Hemimelia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Joint laxity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Nails absent/ hypoplastic/ dysplastic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Single Palmar crease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Polydactyly Preaxial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Polydactyly Postaxial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Radioulnar synostosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Absent/hypoplastic radius	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Absent Thumb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Proximal Thumb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Triphalangeal Thumb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Absent/hypoplastic ulna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Wrist contracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

t. Syndactyly:

- i. Right Hand Fused Fingers:
- None
 - 1-2
 - 2-3
 - 3-4
 - 4-5
 - Other

a. Specify:

- ii. Left Hand Fused Fingers:
- None
 - 1-2
 - 2-3
 - 3-4
 - 4-5
 - Other

a. Specify:

u. Other

Right	Left	Both	None
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

i. If Other, specify:

SECTION I: LOWER EXTREMITY

	Normal	Abnormal	Unknown	Source Pending
I1. Feet:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Right	Left	Both	None
a. Ectrodactyly/ Oligodactyly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Femur bowed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Fibula absent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Hammertoe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Right	Left	Both	None
e. Hemimelia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Joint laxity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Knee contracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. PCS cavus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. PCS planus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Polydactyly Preaxial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Polydactyly Postaxial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Talipes equinovarus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Tibia bowed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Long Toes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Wide Spaced Big Toe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

p. Syndactyly:

- i. Right Foot Fused Toes:
- None
 - 1-2
 - 2-3
 - 3-4
 - 4-5
 - Other

a. Specify:

- i. Left Foot Fused Toes:
- None
 - 1-2
 - 2-3
 - 3-4
 - 4-5
 - Other

a. Specify:

	Right	Left	Both	None
q. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

i. If Other, specify:

SECTION J: NEUROLOGICAL

	Normal	Abnormal	Unknown	Source Pending
J1. Neurology:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Gait	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- i. Gait Type
- Ataxia
 - Spasticity
 - Other
 - Unknown
 - Source Pending

a. Specify:

- b. Deep tendon reflexes
- c. Fix and follow
- d. Grasp
- e. Hemiparesis
- f. Hemiplegia
- g. Moro reflex
- h. Motor tone
- i. Suck reflex
- j. Tremor