# CLINICAL HISTORY SUMMARY | ENGLE LAB

**Proband First Name/CODE**_____ **Last Name**_____

**Date of Birth**_____ **Primary Diagnosis** _____

**Family Mailing Address**_____

**Family Phone #(home):** _____ **(cell):** _____

**Referring Provider**_____ **Office Phone #**_____ **Date Form Completed**_____

**Pregnancy History (note any complications/exposures):**_____

**Birth History**

*Premature? (circle one):* *Yes* *No* *Delivery (circle one):* *Vaginal* *Cesarean*

*Neonatal Problems:*_____

*Birth Wt:*_____ *Length:*_____ *Birth Head Circumference:*_____

**Developmental History**

***Motor Development:*** *(circle)* *Normal* *Delay* *Loss of skills*

***Speech:*** *(circle)* *Normal* *Delayed speech* *Single words* *No words*

***Oral motor****: (circle)* *Normal* *Excessive Drooling* *Feeding Difficulties*

***Ability to comprehend others:*** *Normal* *Delay* *Loss of skills*

***Notes****:*_____

**Physical Exam** **(from medical notes)**

***Birth defects/unusual features:***_____

**Ophthalmology/Neurology**

***Visual exam:***_____ ***Unusual eye movements****: YES NO*

***Please Describe Eye movements:***_____

***Seizures:*** NO YES➔ *Age of Onset:*_____ *Type:*_____

***Frequency:***_____

***EEG Results****:* *Normal* *Abnormal➔ Describe if details are known:*_____

***Anti-Seizure and other Medications*:**_____

***Muscle Tone: (circle)*** *Normal* *Low Tone* *Weakness* *High Tone* *Contractures*

**Other Health Problems**

***Gastrointestinal/Feeding:***_____ ***Heart:***_____

***Respiratory/Breathing:***_____ ***Immune:***_____

***Skin, Hormones, Other:***_____

**Investigations/Previous Studies:** (circle if done/documented and list results)

***Previous Eye Surgeries? No Yes➔ Please describe type and your age when done and outcome:***_____

_____

***MRI/CT****: (circle which has been done)* *Are originals/copies available? (circle)* *Yes* *No*

***Imaging Findings:***_____

***Chromosomes:***_____ ***Other DNA testing:***_____

***IQ:***_____ *Date Obtained:*_____ *Scale used:*_____

**Return to:** englegc.research@childrens.harvard.edu **or** Brenda Barry, 3 Blackfan St, CLS14076 | Engle Lab BCH3149 | Boston, MA 02115