First Name *Middle Name* *Last Name*

D.o.B(dd/mm/yyyy) *Ethnicity*

Pedigree

This pregnancy

Exposures *Drugs* *Infection*

Sonography performed at *Fetal movement noted at* *m* *normal* ☐ *reduced* ☐

Place of birth *mode of delivery* *C/S* ☐ *NVD* ☐ *Months*

BW *Length* *HC* *Apgar*

Complication in newborn period

Developmental hx

Smiled		*Head up*	
Rolled over		*Reached for objects*	
Sat w/o support		*Crawled*	
Stood w/o support		*Walked*	
First word		*Current language*	
Mental retardation	*mild* ☐ *mod* ☐ *severe* ☐		

Education/ Therapy Program

Significant past medical history (Seizures, surgeries, hospitalization)

Muscle Strength Examination (MRC Scale) and age of onset of weakness

Facial muscles | *Neck*

Upper limbs | *proximal* | *distal*

Upper limbs | *proximal* | *distal*

Myotonia

Tone

Deep Tendon

Babinski sign | *fasciculation*

Ataxia | *tremor* | *intention tremor*

Finger to nose | *heel to shin* | *tandem gait*

SYSTEMIC INVOLVEMENT

Cardiac Involvement | *Respiratory Problems*

Skeletal | *scoliosis* | *kyphosis*

contractures | *hyperlaxity*

Hearing | *Vision*

LABORATORY AND DIAGNOSTIC EXAMS

Serum CPK | *EMG/NCV*

Muscle Biopsy

Genetic Testing

MRI (Brain / Spine)

Other (Specify)

PHYSICIAN NOTES

Requested test

Clinician Name and Signature | *Date*