Lab Ref. No.: …… Date: …. /…. /……

First name: *Middle name:* *Last name:*

d/ m/ y *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*

  Lower limbs *proximal* *distal*

  Myotonia

- *Tone*

  Deep Tendon Reflexes

  Babinski sign *fasciculation*

  Ataxia *tremor*

  Finger to nose *heel to shin* *intention tremor* *tandem gait*

- *SYSTEMIC INVOLVEMENT*

  Cardiac Involvement

  Respiratory Problems

  Skeletal *scoliosis* *kyphosis* *contractures* *hyperlaxity*

  Hearing *Vision*

- *LABORATORY AND DIAGNOSTIC EXAMS*

Serum CPK		*Genetic Testing*	
EMG/NCV		*MRI (Brain / Spine)*	
Muscle Biopsy		*Other (Specify)*	

PHYSICIAN NOTES

……
……
……
……

Requested test: ……

Clinician Name and Signature: Date: