

# CLINICAL HISTORY SUMMARY | WALSH LAB

Return by fax to 617-919-2300 or email to walshresearch@childrens.harvard.edu

Please complete this form which provides preliminary clinical details to help determine if Walsh Lab studies are appropriate.

Patient First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Primary Diagnosis \_\_\_\_\_  
Family Mailing Address \_\_\_\_\_  
Family Phone# (home): \_\_\_\_\_ (cell): \_\_\_\_\_  
Referring Doctor \_\_\_\_\_ Office Phone # \_\_\_\_\_ Today's Date \_\_\_\_\_

Pregnancy History (note any complications): \_\_\_\_\_

## 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)

Current Head Circumference: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parental Head Circumference: \_\_\_\_\_  
FATHER MOTHER

Birth defects/unusual features: \_\_\_\_\_

## Neurology

Seizures: NO YES → Age of Onset: \_\_\_\_\_ Type: \_\_\_\_\_

Frequency: \_\_\_\_\_

Anti-Seizure and other Medications: \_\_\_\_\_

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

Visual exam: \_\_\_\_\_ Unusual eye movements: YES NO

Please Describe Eye movements: \_\_\_\_\_

## Other Health Problems

Gastrointestinal/Feeding: \_\_\_\_\_ Heart: \_\_\_\_\_

Respiratory/Breathing: \_\_\_\_\_ Immune: \_\_\_\_\_

Skin, Hormones, Other: \_\_\_\_\_

## Investigations/Previous Studies: (circle if done/documentated and list results)

EEG Results: Normal Abnormal → Describe if details are known: \_\_\_\_\_

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

Imaging Findings: \_\_\_\_\_

Chromosomes: \_\_\_\_\_ Other DNA testing: \_\_\_\_\_

Other Studies: TORCH \_\_\_\_\_ OTHER \_\_\_\_\_

IQ: \_\_\_\_\_ Date Obtained: \_\_\_\_\_ Scale used: \_\_\_\_\_