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? (check one): ◯ *Yes* ◯ *No* *Delivery (check one):* ◯ *Vaginal* ◯ *Cesarean*

*Neonatal Problems:*_____

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

Developmental History

Motor Development: *(check)*	☐ *Normal*	☐ *Delay*	☐ *Loss of skills*	
Speech: *(check)*	☐ *Normal*	☐ *Delayed speech*	☐ *Single words*	☐ *No words*
Oral motor*: (check)*	☐ *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: (check) ☐ *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: (check if done/documented and list results)

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

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

Imaging Findings:_____

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

Other Studies: *TORCH*_____ *OTHER*_____

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