

**ANTHROPOMETRIC EXAM FORM**Gender (*circle one*): Male / Female

ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_

Examiner: \_\_\_\_\_

| Scale QC - Use object of known weight<br>Record weight here (including units): | Initial Scale reading with object | COMMENTS<br>(Type of object used) |
|--|-----------------------------------|-----------------------------------|
|  |                                   |                                   |

**MOTHER'S MEASUREMENTS**

| Biological MOTHER           | Measurement | Exam Comments   |
|-----------------------------|-------------|---|
| Height <i>Specify Units</i> |             | <ul style="list-style-type: none"> <li>• unreliable – reason _____</li> <li>• not present, so reported</li> </ul> |
| Head Circumference (cm)     |             | <ul style="list-style-type: none"> <li>• unreliable – reason _____</li> </ul>                                     |

**CHILD'S MEASUREMENTS**

| Growth Parameters       | Measurement | Exam Comments   |
|-------------------------|-------------|---|
| Height (cm)             |             | <ul style="list-style-type: none"> <li>• unreliable – reason _____</li> </ul> |
| Weight (kg)             |             | <ul style="list-style-type: none"> <li>• unreliable – reason _____</li> </ul> |
| Head Circumference (cm) |             | <ul style="list-style-type: none"> <li>• unreliable – reason _____</li> </ul> |

1) Was [CHILD] born with any problems in the structure of his/her body or organs (also know as birth defects)?

No

Yes - describe \_\_\_\_\_

2) Has [CHILD] had any corrective surgeries? This includes surgeries to repair problems in the abdominal or genital region (such as hernias)?

No

Yes - describe \_\_\_\_\_

3) Does [CHILD] have a diagnosis of a genetic syndrome?

No

Possible Dx\*: \_\_\_\_\_

Yes Dx\*: \_\_\_\_\_

4) Has [CHILD] had a genetics evaluation, blood tests for problems with genes or chromosomes, or been seen by a genetics doctor or genetic counselor?

No

Yes\* Reason/Results: \_\_\_\_\_

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