NIMH
PEDIATRICS and DEVELOPMENTAL NEUROPSYCHIATRY BRANCH

PHYSICAL EXAM & NEUROLOGIC EVALUATION

Subject Name:	Subject ID number:
Age:	
Date Examined:	
Place Examined:	
Examiner:	

VITAL SIGNS **Blood Pressure:** _____ ❑ **Unable to obtain**

Pulse: _____ ❑ **Unable to obtain**

Respiratory Rate: _____ ❑ **Unable to obtain**

GROWTH PARAMETERS Pubertal status tanner stage _____

	Measurement	Percentile
Weight (record in lbs)	_____(lbs) ❑Unable to obtain	%
Head Circumference (record in cm)	_____(cm) ❑Unable to obtain	%
Height (record in cm)	_____(cm) ❑Unable to obtain	%

HEAD **Abnormality Noted** ❑ **No** ❑ **Yes** ❑ **Not Examined**

❑ Abnormal head shape	❑ Brachycephaly
❑ Occiput, Flat or Prominent	❑ Dolicocephaly
❑ Frontal Bossing	❑ Trigonocephaly
❑ Plagiocephaly	❑ Post. Midline Scalp Defect(s)

EYES

Abnormality Noted ❑ **No** ❑ **Yes** ❑ **Not Examined**

❑ Hypertelorism / Hypotelorism	❑ Ptosis
❑ Microphthalmia	❑ Colobomata
❑ Epicanthal folds	❑ Iris Patterning: ***Stellate***
❑ Slanted Palpebral fissures	❑ Macrocornea / Microcornea
❑ Shallow orbital ridges	❑ Corneal Opacity (on gross inspection)
❑ Prominent superior-orbit ridge	❑ Conjunctivitis or Discharge
❑ Prominent Eyes	❑ Telangiectasias
❑ Abnormal Red Reflex	

EARS

Abnormality Noted ❑ **No** ❑ **Yes** ❑ **Not Examined**

❑ Small or large/long ears	❑ Preauricular Tags

❑ Low Set	❑ Simple ears (lack of usual fold of helix)
❑ Posteriorly angulated	❑ Serous Otitis R/C
❑ Prominent	❑ Acute Otitis R/C
❑ Preauricular Pits	❑ PE Tubes

NOSE **Abnormality Noted ❑ No ❑ Yes ❑ Not Examined**

❑ Low Nasal Bridge	❑ Bulbous tip of nose
❑ Prominent Nasal Bridge	❑ Nasal Salute
❑ Broad Nasal Bridge	❑ Nasal Discharge
❑ Small / short nose	❑ Turbinate Pallor/ Edema
❑ Upturned nose	

FACE **Abnormality Noted ❑ No ❑ Yes ❑ Not Examined**

❑ Midface hypoplasia	❑ Micrognathia
❑ Long Narrow Facies	❑ Prognathia

OROPHARYNX **Abnormality Noted ❑ No ❑ Yes ❑ Not Examined**

❑ Bifid Uvula	❑ Micro or macrostomia
❑ High-arched palate	❑ Oral frenula
❑ Abnormal philtrum	❑ Cleft/irregular tongue
❑ Cleft lip / palate	❑ Macroglossia / Microglossia
❑ Prominent or thin lips	❑ Tonsil Hypertrophy
❑ Lip pits	❑ Tonsil Inflammation
❑ Down-turned corners of mouth	

TEETH **Abnormality Noted ❑ No ❑ Yes ❑ Not Examined**

❑ Hypodontia (missing teeth)	❑ Dental Cupping
❑ Enamel dysplasia	❑ Prominent Central Incisors
❑ Gingivitis	❑ Dental Flattening (from bruxism)

SPINE **Abnormality Noted ❑ No ❑ Yes ❑ Not Examined**

❑ Scoliosis	❑ Lordosis
❑ Kyphosis	❑ Deep sacral dimple or sinus

NECK **Abnormality Noted ❑ No ❑ Yes ❑ Not Examined**

❑ Web neck	❑ Redundant neck skin
❑ Short neck	❑ Torticollis
❑ Thyroidmegaly	

TORSO **Abnormality Noted** ❑ **No** ❑ **Yes** ❑ **Not Examined**

❑ Abnormal nipples	❑ Short sternum
❑ Hypoplastic clavicles	❑ Shield chest
❑ Pectus carinatum	❑ Pectus excavatum

ARMS & HANDS

Abnormality Noted ❑ **No** ❑ **Yes** ❑ **Not Examined**

❑ Short arms proximal, distal or proportionate	❑ Proximal thumb
❑ Radial hypoplasia	❑ Broad thumb
❑ Radial- ulnar synostosis	❑ Abnormal Fingers
❑ Short/small or long/large hands	❑ Prominent finger pads
❑ Metacarpal hypoplasia (short metacarpals)	❑ Single palmar crease
❑ Thumb hypoplasia	❑ Nail hypoplasia

JOINTS **Abnormality Noted** **No** **Yes** **Not Examined**

❑ Joint Limitation / Contractures	❑ Hypermobile / ligamentous laxity

LEGS & FEET **Abnormality Noted** **No** **Yes** **Not Examined**

❑ Short legs proximal, distal or proportionate	❑ Hypoplastic nails
❑ Patellar dysplasia	❑ Broad first toes/toenails
❑ Short/small or long feet	❑ Overlapping toes
❑ Short metatarsals	❑ Equinovarus feet
❑ 2,3 metatarsals syndactyly	❑ Pes Planus
❑ Syndactyly – other	

SKIN & HAIR **Abnormality Noted** **No** **Yes** **Not Examined**
Woods lamp exam done? ❑ **No** ❑ **Yes**

❑ Woods Lamp Exam Abnormal	❑ Telangiectasias
❑ Unusual Skin (loose, thick, elastic)	❑ Hemangiomata
❑ Rash	❑ Hirsuitism
❑ Bruising, abrasions, calluses	❑ Allopecia
❑ Dry skin, ecrema	❑ Fine hair
❑ Café-au-lait #_____	❑ Coarse or kinky hair
❑ Axilary/ inguinal freckling	❑ Brittle/fragile hair
❑ Ash-leaf spots #_____	❑ White forelock
❑ Other hyper/hypopigmentation	❑ Low frontal hairline
❑ Neurofibromas	❑ Low posterior hairline

❑ Subcutaneous nodules	❑ Absent eyelashes or eyebrows
❑ Shagreen Patches	❑ Long eyelashes
❑ Adenoma sebaceum	❑ Med Eyebrow Flare
❑ Vitiligo	❑ Synophrys

RESPIRATORY **Abnormality Noted** **No** **Yes** **Not Examined**

❑ Abnormal lungs on auscultation	❑ Abnormal breathing pattern

CARDIOVASCULAR **Abnormality Noted** **No** **Yes** **Not Examined**

❑ Irregular rhythm	❑ Extra heart sounds
❑ Cyanosis or pallor	❑ Abnormal pulses
❑ Murmur	

GASTROINTESTINAL **Abnormality Noted** **No** **Yes** **Not Examined**

❑ Splenomegaly / Hepatomegaly	❑ Anal fissure
❑ Hernias (Umbilical and **inguinal)**	❑ Anal tag
❑ Abdominal mass	❑ Diastasis recti
❑ Abdominal distention	❑ Abdominal tenderness

GENITOURINARY **Abnormality Noted** **No** **Yes** **Not Examined**

❑ Hypospadias	❑ Macro-orchidism
❑ Micropenis (small)	❑ Hypoplasia of labia majora
❑ Cryptorchidism	❑ Hypo or hyperplasia of clitoris
❑ Abnormal scrotum	❑ Vaginal discharge

~ NEUROLOGIC EVALUATION ~

CRANIAL NERVES **Abnormality Noted** **No** **Yes** **Not Examined**

	LEFT	**RIGHT**
Pupillary reflexes Anisocoria(>1mm)	❑ No ❑ Yes	❑ Not Examined
Extra-ocular movements	❑Full ❑Conjugate ❑Dysconj ❑Exotro ❑Esotrop ❑NX	❑Full ❑Conjugate ❑Dysconj ❑Exotro ❑Esotrop ❑NX
Nystagmus	❑Normal ❑End-gaze ❑Horiz ❑Vertical ❑Rotatory ❑Pend ❑NX	❑Normal ❑End-gaze ❑Horiz ❑Vertical ❑Rotatory ❑Pend ❑NX

Facial symmetry	❑Normal ❑Abnormal ❑Not Examined	❑Normal ❑Abnormal ❑Not Examined
Palate motion	❑Symmetrical ❑Asymmetrical ❑Not Examined	
Tongue bulk	❑Normal ❑Abnormal ❑Not Examined	
Tongue motion	❑Normal ❑Abnormal ❑Not Examined	
Shoulder shrug	❑Normal ❑Abnormal ❑Not Examined	

MUSCLE BULK **Abnormality Noted** **No** **Yes** **Not Examined**

If yes, please specify

	Upper LEFT	Upper RIGHT	Lower LEFT	Lower RIGHT
ATROPHY	❑ Proximal ❑ Distal	❑ Proximal ❑ Distal	❑ Proximal ❑ Distal	❑ Proximal ❑ Distal
HYPERTROPHY	❑ Proximal ❑ Distal	❑ Proximal ❑ Distal	❑ Proximal ❑ Distal	❑ Proximal ❑ Distal

MUSCLE STRENGTH

Abnormality noted in limbs **No** **Yes** **Not Examined**

If yes, please specify *(√ all, if **global** weakness)*

Upper LEFT	Upper RIGHT	Lower LEFT	Lower RIGHT
❑ Proximal ❑ Distal	❑ Proximal ❑ Distal	❑ Proximal ❑ Distal	❑ Proximal ❑ Distal

Abnormality noted in trunk **No** **Yes** **Not Examined**

MUSCLE TONE **Abnormality Noted** **No** **Yes** **Not Examined**

If yes, please specify

	Upper LEFT	Upper RIGHT	Lower LEFT	Lower RIGHT
HYPOTONIA	❑ Proximal ❑ Distal	❑ Proximal ❑ Distal	❑ Proximal ❑ Distal	❑ Proximal ❑ Distal
HYPERTONIA	❑ Proximal ❑ Distal	❑ Proximal ❑ Distal	❑ Proximal ❑ Distal	❑ Proximal ❑ Distal

ABNORMAL MOVEMENTS Abnormality Noted **No** **Yes** **Not Examined**

If yes, please specify

Tics	❑ No ❑ Yes ❑ Not Examined

Intention tremor	❑ No	❑ Yes	❑ Not Examined
Resting tremor	❑ No	❑ Yes	❑ Not Examined
Chorea	❑ No	❑ Yes	❑ Not Examined
Athetosis	❑ No	❑ Yes	❑ Not Examined
Ballismus	❑ No	❑ Yes	❑ Not Examined
Dystonia	❑ No	❑ Yes	❑ Not Examined
Myotonia	❑ No	❑ Yes	❑ Not Examined

REPETITIVE MOVEMENTS Abnormality Noted No Yes Not Examined

If yes, please specify

Hand flapping	❑ No	❑ Yes	❑ Not Examined
Finger flicking	❑ No	❑ Yes	❑ Not Examined
Knocking/tapping	❑ No	❑ Yes	❑ Not Examined
Body rocking	❑ No	❑ Yes	❑ Not Examined
Head banging	❑ No	❑ Yes	❑ Not Examined
Hand wringing	❑ No	❑ Yes	❑ Not Examined
Hand posturing	❑ No	❑ Yes	❑ Not Examined
Bouncing/jumping	❑ No	❑ Yes	❑ Not Examined
Other:	❑ No	❑ Yes	❑ Not Examined

SENSORY Abnormality Noted No Yes Not Examined

If yes, please specify

	Upper LEFT	**Upper RIGHT**	**Lower LEFT**	**Lower RIGHT**
Light Touch	❑ Proximal ❑ Distal	❑ Proximal ❑ Distal	❑ Proximal ❑ Distal	❑ Proximal ❑ Distal

REFLEXES Abnormality Noted No Yes Not Examined

<u>Deep Tendon Reflexes (scaled 0-4)</u>

	Right	**Left**
Brachioradialis	0 1 2 3 4 NX	0 1 2 3 4 NX
Biceps	0 1 2 3 4 NX	0 1 2 3 4 NX
Triceps	0 1 2 3 4 NX	0 1 2 3 4 NX
Patella	0 1 2 3 4 NX	0 1 2 3 4 NX
Achilles	0 1 2 3 4 NX	0 1 2 3 4 NX

Pathological Reflexes

Babinski (Plantar extensor)	❑ Present ❑ Absent ❑ NX	❑ Present ❑ Absent ❑ NX

COORDINATION **Abnormality Noted** **No** **Yes** **Not Examined**

Dysmetria	❑ Present ❑ Absent ❑ NX	❑ Present ❑ Absent ❑ NX

STANCE & GAIT **Abnormality Noted** **No** **Yes** **Not Examined**

Romberg sign	❑ Present	❑ Absent	❑ Not Examined
Toe-walking	❑ Present	❑ Absent	❑ Not Examined
Wide-based	❑ Present	❑ Absent	❑ Not Examined
Ataxia	❑ Present	❑ Absent	❑ Not Examined
Asymmetrical arm swing	❑ Present	❑ Absent	❑ Not Examined
Spastic	❑ Present	❑ Absent	❑ Not Examined