Physical examination

Physical examination form

Details of individual attending for assessment

Name	
Gender	Female ☐ Male ☐ Non-binary ☐ Other ☐
Date of birth (DD/MM/YYYY)	/ / / Age at assessment:
Racial/ethnic background	
Preferred language	
Referral source, date, and contact details	
Name of accompanying person	
Relationship to person	
Primary caregiver	
Legal guardian	
Assessment consent completed	Yes ☐
Biological parent/s name	
Place of assessment	
Assessment form completed by	
Date of assessment (DD/MM/YYYY)	

Physical size

Birth	Gestational age	Birth length		Birth weight	
Date	weeks	cm	percentile	grams	percentile

Growth reference chart used: ☐ WHO ☐ Fenton ☐ Other (specify)

Postnatal	Age	Height		Weight	
Date	Months or years	cm	percentile	grams	percentile

Growth reference chart used: ☐ WHO ☐ CDC ☐ Other (specify)

Parental height (if available)

Mother's height (cm)	Father's height (cm)	Sex-specific target height (cm)	Sex-specific target height (percentile)

Specify factors that may explain physical size parameters (e.g., nutritional or environmental neglect, genetic conditions, prematurity, prenatal exposure to other drugs)

Physical size summary

Was there an unexplained deficit in height and/or weight identified at any time? ☐ Yes ☐ No
If Yes At birth ☐ postnatally ☐ ☐ height and/or weight ≤ 3rd percentile ☐ height and/or weight ≤ 5th percentile ☐ height and/or weight ≤ 10th percentile

Head circumference

Birth	Gestational age (weeks)	Head circumference (cm)	Percentile

Growth reference chart used: ☐ WHO ☐ Fenton ☐ Other (specify)

Postnatal	Date	Age	Head circumference (cm)	Percentile

Growth reference chart used: ☐ WHO ☐ CDC ☐ Other (specify)

If relevant, specify factors that may explain reduced head circumference:

Head circumference summary

Was there an unexplained deficit in head circumference identified at any time?

☐ Yes ☐ No

If Yes at birth ☐ postnatally ☐

☐ ≤ 3rd percentile

☐ ≤ 5th percentile

☐ ≤ 10th percentile

Other physical findings

Please specify (e.g., other dysmorphic facial features, minor or major birth defects, other system impairments):

Other structural and neurological findings

Please specify (e.g., structural brain abnormalities, neurological conditions – seizures, cerebral palsy, vision or hearing impairments)

Investigations

Chromosomal microarray:	☐ No	☐ Result pending	☐ Yes (specify result)
Fragile X testing:	☐ No	☐ Result pending	☐ Yes (specify result)

Other investigations as indicated (e.g., full blood count, ferritin, metabolic screen, creatinine kinase, lead, thyroid function). Please specify: