



**Child Neurology Initial Infant Evaluation**

Teaching Physician Key Findings

VCU Medical Center, MCV Hospitals & Physicians, Richmond, Virginia

**Past Medical History (PMH):**

**Birth History:**

Pregnancy:  normal  complicated by:

Birthweight: \_\_\_\_\_ Birthplace (facility, city)

Gestation:  term (gestation >38 weeks)  premature, gestation= \_\_\_\_\_ weeks (≤37 weeks)

Apgar Scores \_\_\_\_\_ (1min/5min)

**Developmental History (age):** \_\_\_\_\_ *comments/concerns*

Smiled responsively \_\_\_\_\_ (mo.)

Sat unsupported \_\_\_\_\_ (mo.)

Walked independently (<15mo) \_\_\_\_\_ (mo.)

First words \_\_\_\_\_

Put 2 words together (by 2 yrs) \_\_\_\_\_

Toilet trained \_\_\_\_\_

**Allergies:**  no known drug allergies  Drug Reaction (list)  Other (list)

**Medications:**

**Immunizations:**  Up to date

**Family History (FH):**

Maternal \_\_\_\_\_ Paternal \_\_\_\_\_

Siblings:

FH of neurologic disorders, seizure epilepsy, mental retardation, mental illness?:  No  Yes ...

**Social History:**

Lives with:  Both Parents  Mother  Father  Guardian  Other...

Parents are  Married  Divorced  Single

Mother's: Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

**Review of Systems**

Complete ROS performed, all systems negative except:

Normal	abnormal	Normal	abnormal	Normal	abnormal
<input type="checkbox"/> Constitutional	<input type="checkbox"/>	<input type="checkbox"/> GI	<input type="checkbox"/>	<input type="checkbox"/> Psych	<input type="checkbox"/>
<input type="checkbox"/> Eyes	<input type="checkbox"/>	<input type="checkbox"/> GU	<input type="checkbox"/>	<input type="checkbox"/> Endocrine	<input type="checkbox"/>
<input type="checkbox"/> ENT, swallow	<input type="checkbox"/>	<input type="checkbox"/> Mus/Skel	<input type="checkbox"/>	<input type="checkbox"/> Heme/Lymph	<input type="checkbox"/>
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/> Skin	<input type="checkbox"/>	<input type="checkbox"/> Allergic/Immuno	<input type="checkbox"/>
<input type="checkbox"/> Respiratory	<input type="checkbox"/>	<input type="checkbox"/> Neuro	<input type="checkbox"/>	<input type="checkbox"/> Sleep	<input type="checkbox"/>

**Child Neurology Initial Infant Evaluation**

VCU Medical Center, MCV Hospitals & Physicians, Richmond, Virginia

Teaching Physician Key Findings

	Describe any positive Findings:
	<p><b>General Examination:</b> <input type="checkbox"/> Well Developed <input type="checkbox"/> Cachectic <input type="checkbox"/> Overweight <input type="checkbox"/> Underweight</p> <p><b>Vital Signs:</b> see first page    <b>Head Circumference:</b> _____ cm _____ tile% (see plot below)  <i>Comments</i></p> <p><b>Head:</b>            <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal:                                   <input type="checkbox"/> Normal auscultation <input type="checkbox"/> Abnormal:</p> <p><b>Fontanelle:</b>    <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal:</p> <p>Eyes:                <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal:</p> <p>Ears:                <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal:</p> <p>Nose/Throat:    <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal:</p> <p>Neck:                <input type="checkbox"/> Normal, Supple    <input type="checkbox"/> Abnormal:</p> <p>Lymph Nodes:    <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal:</p> <p>Lungs:               <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal:</p> <p>Cardiovasc:      <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal:</p> <p>Abdomen:          <input type="checkbox"/> Normal, no hepatosplenomegaly, masses, tenderness                                   <input type="checkbox"/> Normal bowel sounds <input type="checkbox"/> Abnormal:</p> <p>Extremities:      <input type="checkbox"/> Normal, no Edema, cyanosis, clubbing <input type="checkbox"/> Abnormal:</p> <p><b>Skeletal:</b>        <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal</p> <p>Back:                <input type="checkbox"/> Normal/Straight    <input type="checkbox"/> Abnormal</p> <p>Skin:                <input type="checkbox"/> Normal/No neurocutaneous lesions <input type="checkbox"/> Abnormal</p> <p>Dysmorphism:    <input type="checkbox"/> No            <input type="checkbox"/> Yes:</p> <p>Other:</p>

### Child Neurology Initial Infant Evaluation

Teaching Physician Key Findings

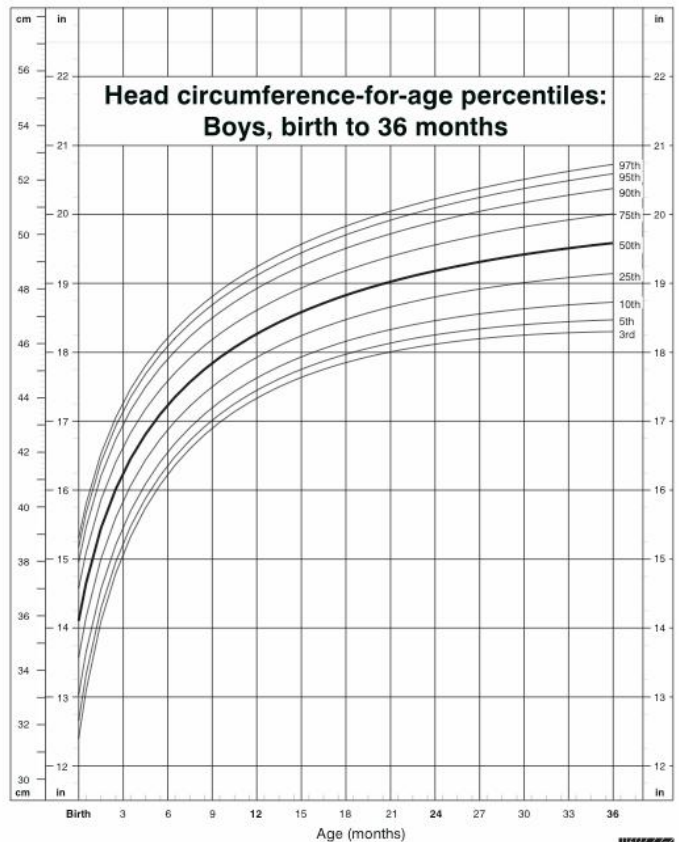
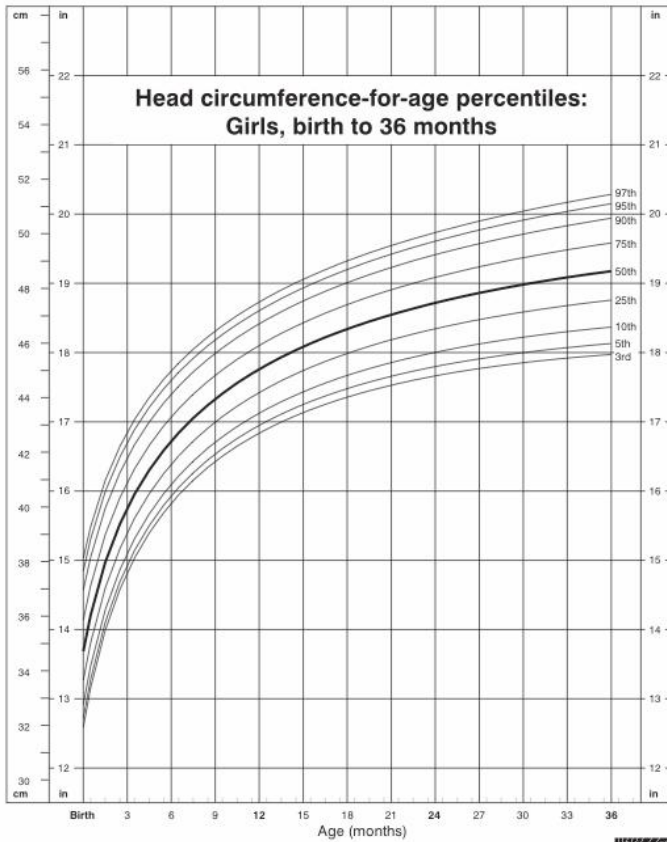
VCU Medical Center, MCV Hospitals & Physicians, Richmond, Virginia

**Girl**

**Boy**

CDC Growth Charts: United States

CDC Growth Charts: United States



Published May 30, 2000.  
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).



Published May 30, 2000.  
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).



**Girl**

**Boy**

**Child Neurology Initial Infant Evaluation**

VCU Medical Center, MCV Hospitals & Physicians, Richmond, Virginia

Teaching Physician Key Findings

**Neurological Examination:**

**Mental Status**

Attention/Concentration: ρ Normal ρ Abnormal ρ Dysarthria  
 Speech/Language: ρ Normal ρ Abnormal ρ Aphasia ρ Fluent ρ Nonfluent  
 Comprehension: ρ Normal ρ Abnormal  
 Fund of Knowledge: ρ Normal ρ Abnormal  
 Development: ρ Age appropriate ρ Abnormal  
 Other:

**Cranial Nerves:** (✓ = examined and found to be normal)

ρ 2-12 Intact  
 ρ 2nd (gross vision, visual fields) Pupils: Size: R \_\_\_\_ L \_\_\_\_  
 ρ 3rd ρ 4th ρ 6th Shape: R \_\_\_\_ L \_\_\_\_  
 ρ 5th Light: R \_\_\_\_ L \_\_\_\_  
 ρ 7th  
 ρ 8th  
 ρ 9th Visual Fields: ρ Normal R \_\_\_\_ L \_\_\_\_  
 ρ 10th ρ Abnormal  
 ρ 11th  
 ρ 12th

**Ophthalmic:** Fundus ρ Normal ρ Abnormal ρ R ρ L  
 Other:

**Motor** Pronator Drift: ρ Absent ρ Present (ρ R ρ L)

**Muscle strength:** Upper: ρ Normal ρ Abnormal

Lower: ρ Normal ρ Abnormal

**Muscle tone:** Upper: ρ Normal ρ Abnormal

Lower: ρ Normal ρ Abnormal

(for detailed motor exam, attach additional sheet)

**Sensory** Light touch ρ Normal ρ Abnormal

Pinprick ρ Normal ρ Abnormal

Temperature ρ Normal ρ Abnormal

Vibration ρ Normal ρ Abnormal

Proprioception ρ Normal ρ Abnormal

**Deep Tendon Reflexes/Babinski:** (scale of 0-4)

Biceps	Triceps	Brachiorad	Patellar	Achilles	Toes
--------	---------	------------	----------	----------	------



