Fetal Alcohol Syndrome Charting Tool

Name of Examiner: _____ Phone: _____ Specialty:_____

Date form filled out: ___/_____/____ PCP/Referring Physician:_____

CHILD INFORMATION

Last name: _____ First name: _____ Middle: _____

Age: _____ DOB:____/_____/_____ Sex: ____ M _____ F

Race: ____White ____ Black ____ American Indian/Alaska Native ____ Asian/Pacific Islander

other : _____

Hispanic ____Y ____ N

PARENT/LEGAL GUARDIAN INFORMATION

Last name: _____ First name: _____

Relation to Child: ____ Biologic ____ Adoptive ____ Foster

other relationship (please specify) _____

GROWTH INFORMATION

Birth data

Birth weight: _____ gms. or lbs./oz. (circle one) _____%ile SGA ____Y _____N

Birth length: _____ cm. or in. (circle one) _____%ile Gestational age (GA) : ____ wks

How was GA estimated? : _____ *Malformations noted:* _____

Birth head circumference: _____ cm. or in. (circle one) _____%ile

Comments: _____

Most recent growth measurements date taken _____/_____/_____

Weight: _____ gms. or lbs./oz. (circle one) _____%ile

Height: _____ cm. or in. (circle one) _____%ile

Head circumference: _____ cm. or in. (circle one) _____%ile

Comments_____
(include any prior history of growth parameters less than 10^{th} %ile)

Ever diagnosed as Failure to Thrive? ___Y __N If diagnosed FTT, age: _____

FTT diagnosis made by: _____

FACIAL FEATURES

Palpebral fissure length: L _____ cm R _____ cm or ICD _____ OCD _____
(inner canthal & outer canthal distance)

Philtrum: ___flat/*smooth*/indistinct ___ slightly grooved ___well grooved *other:* _____

Upper lip: ___ thin ___ somewhat thin ___ normal appearing *other*: _____

Epicanthal folds: ___ present ___ absent *other* : _____

Midface appearance: ___ hypoplastic/flattened appearance ___ normal appearing *other*: _____

Other dysmorphic features: _____

CNS DYSFUNCTION (overall): ____ None ____Mild ____Moderate ____ Severe ____Uncertain

Structural brain malformation: ____Y ____ N ____Uncertain Imaging studies: ___Y ___ N ___ Uncertain

if yes: type:_____ date: _____ result: _____

Neurologic dysfunction (overall): ___Y ___ N ___Uncertain

a. gross motor delay: ___present ___absent source of information: _____

b. fine motor delay: ___ present ___absent source of information: _____

c. seizure disorder: ___ present ___absent source of information: _____

Functional delay (overall): ___Y ___N ___Uncertain

a. developmental testing: ___Y ___N ___Uncertain type: _____

Results: _____

b. psychometric testing: ___ Y ___ N ___Uncertain

test/results: _____

Other: _____

MATERNAL ALCOHOL EXPOSURE DURING PREGNANCY: ___ confirmed ___ suspected ___ none

Source of maternal alcohol exposure history: _____

Drinking pattern during pregnancy:

Trimester

Binge (5+ drinks on 2 or more occasions) ___Y ___ N ___ Uncertain ___1 ___2 ___3

Regular use (2+ drinks per day) ___Y ___ N ___ Uncertain ___1 ___2 ___3

Specify type of beverage and usual drinking pattern (if known): _____

_____