**Perinatal History**

- [ ] Prematurity
- [ ] Intrauterine growth restriction
- [ ] Oligohydramnios
- [ ] Polyhydramnios
- [ ] Non-immune hydrops fetalis
- [ ] Other: ______________________

**Growth**

- [ ] Failure to thrive
- [ ] Overgrowth
- [ ] Short stature
- [ ] Other: ______________________

**Cognitive/Developmental**

- [ ] Learning disability
- [ ] Developmental delay
- [ ] Gross motor delay
- [ ] Fine motor delay
- [ ] Speech delay
- [ ] Intellectual disability/MR
- [ ] Other: ______________________

**Behavioral/Psychiatric**

- [ ] Autism
- [ ] Pervasive developmental delay
- [ ] Attention deficit hyperactivity disorder
- [ ] Anxiety
- [ ] Behavioral/psychiatric abnormality
  - Specify: ______________________
- [ ] Other: ______________________

**Cutaneous**

- [ ] Hyperpigmentation
- [ ] Hypopigmentation
- [ ] Other: ______________________

**Neurological**

- [ ] Seizures
- [ ] Hypotonia
- [ ] Hypertonia
- [ ] Cerebral palsy
- [ ] Encephalopathy
- [ ] Structural brain abnormality
  - Specify: ______________________
- [ ] Other: ______________________

**Cardiac**

- [ ] Atrial septal defect
- [ ] Ventricular septal defect
- [ ] Coarctation of the aorta
- [ ] Tetralogy of Fallot
- [ ] Other structural heart defect
  - Specify: ______________________
- [ ] Other cardiac abnormality
  - Specify: ______________________

**Craniofacial**

- [ ] Dysmorphic facial features
  - Specify: ______________________
- [ ] Ear malformation
  - Specify: ______________________
- [ ] Cleft lip
  - Specify: ______________________
- [ ] Cleft palate
- [ ] Macrocephaly
- [ ] Microcephaly
- [ ] Other: ______________________

**Hearing/Vision**

- [ ] Hearing loss
  - Specify: ______________________
- [ ] Abnormality of Vision
  - Specify: ______________________
- [ ] Abnormality of Eye Movement
  - Specify: ______________________
- [ ] Other: ______________________

**Musculoskeletal**

- [ ] Contractures
- [ ] Club foot
- [ ] Diaphragmatic hernia
- [ ] Limb anomaly
  - Specify: ______________________
- [ ] Polydactyly
  - Specify: ______________________
- [ ] Syndactyly
  - Specify: ______________________
- [ ] Vertebral anomaly
  - Specify: ______________________
- [ ] Other: ______________________

**Gastrointestinal**

- [ ] Gastrostomosis
- [ ] Omphalocele
- [ ] Anal atresia
- [ ] Tracheoesophageal fistula
- [ ] Pyloric stenosis
- [ ] Other: ______________________

**Genitourinary**

- [ ] Ambiguous genitalia
- [ ] Hydronephrosis
- [ ] Kidney malformation
  - Specify: ______________________
- [ ] Cryptorchidism
- [ ] Hypospadias
  - Specify: ______________________
- [ ] Other: ______________________

**Family History**

- [ ] Parents with ≥ 2 miscarriages
- [ ] Other relatives with similar clinical history
  - Explain: ______________________

Please include any additional information not provided above (list karyotype if known).

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As a participant in the ICCG (International Collaboration for Clinical Genomics) Consortium, the WSLH Cytogenetics Laboratory contributes submitted clinical information and test results to a HIPAA compliant, de-identified public database as part of the NIH’s effort to improve understanding of the relationship between genetic changes and clinical symptoms. Confidentiality is maintained. Patients may request to opt-out of this scientific effort by: 1) checking the box below, 2) calling the laboratory at 608-262-0402 and asking to speak with a genetic counselor, or 3) visiting our website at http://slh.wisc.edu/cytogenetics.

[ ] Indicate refusal for inclusion in these efforts by checking this box. If the box is not marked, data will be anonymized and used.