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## Neuropsychiatric Patient Information Form

(for XLMR, NLGN, MECP2, STK9, ATRX)

<b>Date of Birth</b>	<b>Gender</b>
<b>Name of Patient</b>	<b>Patient's race (Asian, Black, Caucasian, Hispanic, Other)</b>

*An array of genes have recently been implicated in XLMR. Providing the following clinical information is critically important in helping us to interpret genotype variations and to provide optimal genotype analysis on your patient:*

1. Patient IQ: Verbal: \_\_\_\_\_ Performance: \_\_\_\_\_ Full Scale: \_\_\_\_\_

2. Mental retardation: Mild    Moderate    Severe    Profound

3. Anomalies/

features: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Epilepsy: Yes    No

5. Aggressive: Yes    No    Describe

Behavior: \_\_\_\_\_  
 \_\_\_\_\_

6. Pronounced verbal deficiency: Yes    No

7. Spacticity: Yes    No

8. Pain insensitivity: Yes    No

9. Strabismus: Yes    No

10. Hypermetropia: Yes    No

11. Body hair: Normal    Sparse    Abundant

12. Chromosomes/sub-telomere results: \_\_\_\_\_

13. Fragile X test result: Positive    Negative    Unknown

14. MRI/CT scan findings: \_\_\_\_\_

15. Body height: \_\_\_\_\_ / \_\_\_\_\_%

16. Body weight: \_\_\_\_\_ / \_\_\_\_\_%

17. Head circumference: \_\_\_\_\_ / \_\_\_\_\_%

18. Overall dysmorphism: Mild    Moderate    Severe    Profound

19. Please attach a pedigree