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Neuropsychiatric Patient Information Form

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

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

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