DNM2 Sequencing
Clinical Questionnaire
Please complete and return with sample

Name: ______________________ **DOB** __________ **Date** __________

☐ **Male** ☐ **Female**

Suspected Diagnosis: ☐ **Autosomal dominant centronuclear myopathy**
☐ **Autosomal dominant intermediate Charcot-Marie-Tooth disease**

Features	Present:	Yes	No
Growth			
Gestational Age	_______ wks		
Birth weight	_______ gms		
Birth length	_______ cm		
OFC	_______ cm		
Age at Exam	_______ yrs & mos		
Height	_______ cm		
Weight	_______ kg		
OFC	_______ cm		
Cognitive Delay		☐	☐
Severity ______________________			
Motor Delay		☐	☐
Never walked		☐	☐
Age Sat _______			
Age Walked______			
Age Talked _______			
Neuromuscular findings			
Hypotonia		☐	☐
Proximal weakness		☐	☐
Distal weakness		☐	☐
Myotonia		☐	☐
Facial weakness		☐	☐
Reduced eye movements		☐	☐
Ptosis		☐	☐
Foot drop		☐	☐
Dysarthria		☐	☐
Distal sensory loss		☐	☐
Depressed tendon reflexes		☐	☐
High-arched feet		☐	☐
Weak ankle dorsiflexion		☐	☐
Thin distal muscles		☐	☐
Nerve conduction velocity ________			
Other neuromuscular findings: (please describe)			

Features	Present:	Yes	No
Muscle biopsy done		☐	☐
Increased central nuclei		☐	☐
Dystrophic processes		☐	☐
Inflammatory processes		☐	☐
Other findings on muscle biopsy: (please describe)			
Facial findings			
High arched palate		☐	☐
Other facial findings (please describe):			
Cardiac findings: (please describe):		☐	☐
Additional findings:			
Scoliosis		☐	☐
Joint contractures		☐	☐
NG-tube		☐	☐
G-tube		☐	☐
Respiratory support		☐	☐
Please list type of respiratory support: (vent, c-pap, etc)			
Other findings: (please describe)			

Ethnicity:

Family History:

LAB USE ONLY (Do not write in this box):

MTM1:

DNM2: