***GPR56*-related polymicrogyria**
Clinical Questionnaire
Please complete and return with sample

Name: _____ **DOB** _____ **Date** _____

☐ **Male** ☐ **Female**

Features	**Present:**	**Yes**	**No**
Growth			
IUGR		☐	☐
Failure to Thrive		☐	☐
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 _____	Verbal IQ		_____
Age Talked _____	Performance IQ		_____
Speech Delay		☐	☐
Absent speech		☐	☐
Any communication		☐	☐
Neurologic			
Seizures		☐	☐
Hypotonia		☐	☐
Ataxia/awkward gait		☐	☐
Other neurological findings: (please describe)			
MRI findings			
Polymicrogyria (or cobblestone)		☐	☐
Bilateral		☐	☐
Anterior to posterior gradient		☐	☐
Describe: _____			
White matter signal changes		☐	☐
Brainstem hypoplasia		☐	☐
Cerebellar hypoplasia		☐	☐
MRI previously reviewed by Dr. Dobyns?		☐	☐
Other MRI findings: (please attach reports)			

Features	**Present:**	**Yes**	**No**
Ophthalmologic			
Dysconjugate gaze		☐	☐
Other eye abnormalities		☐	☐
Describe: _____			

Additional findings:

Family history:
Consanguinity ☐ ☐
Ethnicity _____

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

Mutation Detected: