1. Spina Bifida
   1. Prior clinical diagnosis of spina bifida Yes No
   2. spina bifida occulta Yes No
   3. myelomeningocele. Yes No
2. HDCT - Hereditary Disorder of Connective Tissue
   1. Personal or family history of double-jointedness Yes No  
      or excessive joint flexibility or dislocations.
3. Cutaneous stigmata of occult tethered cord
   1. Hair tuft; Yes No
   2. Dimple; Yes No
   3. Capillary hemangioma; Yes No
   4. lipomas; Yes No
   5. appendages; Yes No
   6. meningocele manqué; Yes No
4. Skin Abnormalities
   1. stretch marks, Yes No
   2. hyperextensible, Yes No
   3. peizogenic papules Yes No
5. Arachnodactyly (Thumb sign, wrist sign) Yes No Equivocal
6. Pneumothorax, Hernia, or organ prolapse Yes No
7. Osteoporosis, osteopenia
8. Family History of Chiari I malformation, Yes No  
   syringomyelia, or related disorder
9. Gestational age at birth \_\_\_\_\_\_\_ weeks
10. Birth presentation
    1. Normal Yes No
    2. Breech Yes No
    3. Forceps Yes No
    4. Caesarian Section Yes No
11. Multiple gestation
    1. Singleton Yes No
    2. Twin Yes No
    3. Breech Yes No
    4. Triplet Yes No
    5. Other Yes No
12. Maternal Pregnancy Conditions
    1. Gestational diabetes Yes No
    2. Fetal Alcohol Syndrome Yes No
    3. Maternal infections Yes No
13. History of head injury
    1. Whiplash Yes No
    2. Traumatic brain injury Yes No
    3. Motor vehicle accident Yes No
    4. Other brain injury Yes No
    5. Other neck injury Yes No
14. History of congenital or other cardiac conditions Yes No
    1. Mitral valve prolapse Yes No
    2. Aortic root enlargement Yes No
    3. Valvular Stenosis Yes No
    4. IVC pressure Yes No
15. Head Shape Yes No
    1. Plagiocephaly Yes No
    2. Dolichocephaly Yes No
    3. Trigonocephaly Yes No
    4. H/O cranial vault remodeling
16. History of or correction of palate abnormality Yes No
    1. High arched palate Yes No
    2. Cleft palate Yes No
    3. Bifid uvula Yes No
17. Micrognathia Yes No
18. Malar Hypoplasia Yes No
19. Hydrocephalus, Personal or immediate family Yes No

history of:

* 1. Untreated Yes No
  2. Treated Yes No
  3. Slit ventricle Yes No
  4. Aquaductal stenosis Yes No
  5. Ventricular variants (cavum septum pellucidum, cavum vergi) Yes No

1. Klippel Feil Anomaly Yes No
2. Dysautonomia Yes No
3. Pseudotumor/ Papilledema Yes No
4. Cranial synostosis type
   1. Pfeieffer Yes No
   2. Vater’s Yes No
   3. Aperts Yes No
   4. Crouzon’s Yes No
   5. Other \_\_\_\_\_\_\_\_\_\_
5. Pregnancy History Number
   1. Pregnancies \_\_\_\_\_
   2. Abortions, miscarriages, or Still born \_\_\_\_\_
   3. Live births \_\_\_\_\_
6. Children (a-z) Number
   1. DOB yy/dd/mm
   2. Sex M F
   3. Length of Labor \_\_\_\_\_ Hours
   4. Anesthesia Natural  
       Epidural;  
       Spinal;  
       General anesthesia
   5. Complications (including headache) Yes No
7. Meniere’s History Yes No
8. Cervical radiculopathy or disc disease Yes No
9. Infectious disease w CNS implications Yes No
   1. Sarcoidosis Yes No
   2. Tuberculosis Yes No
   3. Lyme disease Yes No
10. Hematological (Anemia/Coagulopathy) Yes No
    1. Diamon-Blackfan Yes No
    2. MHTFR def Yes No
    3. Coagulopathy Yes No
    4. Anemia Yes No
11. CSF leak/intracranial hypotension Yes No
12. Spinal Stenosis Yes No
13. Tethered cord (low lying conus medullaris)
    1. None Yes No
    2. Lipoma Yes No
    3. Myelomeningocele Yes No
    4. Thickened filum Yes No
14. History of allergy or multiple sensitivities, Mast Cell Disease Yes No

Or Mast Cell Activation Disorders

1. Depression Yes No
2. Anxiety Yes No
3. ADD/ADHD Yes No