

CLINICAL INFORMATION

Diagnosis Suspected: _____

Clinical History

(Please check the appropriate symptoms and/or attach additional clinical information or summary, if relevant.)

<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Neurodegeneration	<input type="checkbox"/> Skin Changes
<input type="checkbox"/> Hypotonia *	<input type="checkbox"/> Leukodystrophy	<input type="checkbox"/> Hepatomegaly
<input type="checkbox"/> SIDS/Near SIDS	<input type="checkbox"/> Spasticity	<input type="checkbox"/> Liver Disease
<input type="checkbox"/> Failure to Thrive	<input type="checkbox"/> Visual Defect	<input type="checkbox"/> Cardiomegaly
<input type="checkbox"/> Recurrent Vomiting	<input type="checkbox"/> Unusual Facies	<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Cataracts *	<input type="checkbox"/> Metabolic Acidosis
<input type="checkbox"/> Neuronal Migration Defect	<input type="checkbox"/> Deafness	<input type="checkbox"/> Lactic Acidosis
<input type="checkbox"/> Acute Encephalopathy	<input type="checkbox"/> Retinal Dysplasia	<input type="checkbox"/> Ketonuria
<input type="checkbox"/> Macrocephaly	<input type="checkbox"/> Renal Cysts/Dysplasia	<input type="checkbox"/> Hyperammonemia
<input type="checkbox"/> Microcephaly	<input type="checkbox"/> Stippled Epiphyses *	<input type="checkbox"/> Hyperuricemia
<input type="checkbox"/> Movement Disorder	<input type="checkbox"/> Adrenal Hypo/Hyperplasia	<input type="checkbox"/> Neurotopenia
<input type="checkbox"/> Seizures	<input type="checkbox"/> Similarly Affected Siblings	

* Individuals with cataracts, stippled epiphyses, hypotonia, short stature, or growth retardation require **BOTH** Plasma Very Long Chain Fatty Acids and Red Blood Cell (RBC) Plasmalogen levels.

Other Clinical Information:

Drug and Feeding Information	Pedigree Information
Medications and special diets or supplements <i>(please list all)</i>	