Attachment 2

FOLLOW-UP MEDICAL CHECK

Name: _____ Age (days): _____

Date (DD/MM/YYYY): _____/_____/_____.

Microcephaly - At birth ( ) Yes ( ) No

Secondary ( ) Yes ( ) No – Date of the diagnosis: _____/_____/_____.

1) EVENTS:

_____
_____
_____
_____

2) MEDICATIONS: Vitamin D ( ) Iron sulphate ( ) other

_____
_____

3) FEEDING PATTERN:

a) Breastfeeding ( ) yes ( ) No
b) Formula milk ( ) yes ( ) No Type of milk:_____
c) Juice / Fruits ( ) yes ( ) No
d) Baby food / pap/ porridge ( ) yes ( ) No
e) Family food ( ) Yes ( ) No
f) Vegetables, meat, egg, milk intake:( ) normal ( ) abnormal
Errors: _____

4) IMUNIZATION ACCORDING TO AGE:

( ) normal ( ) abnormal

If abnomral, describe:_____

5) NEONATAL SCREENING:

Date _____ Normal ( ) abnormal ( )

If abnormal, describe _____

6) SENSORIAL DEVELOPMENT

Reacts to sound	☐Yes ☐No	Follows objects	☐ yes ☐ No
Other	☐ Yes ☐No	If abnormal, describe:	

7) DEVELOPMENT EVALUATION

Smiles after stimulus	☐ Yes ☐ No	Opens her/his hands	☐ yes ☐ No
Vocalizes	☐ Yes ☐ No	Plays with his/her hands	☐ yes ☐ No
laughs	☐ Yes ☐ No	Grasps objects	☐ yes ☐ No
Moves Arms When orine	☐ Yes ☐ No	Grasps objects spontaneously	☐ yes ☐ No
Lifts head When prone	☐ Yes ☐ No	keeps head sustained	☐ yes ☐ No
Seats with assistance	☐ Yes ☐ No	SIts without support	☐ Yes ☐ No
Seats unassisted	☐ Yes ☐ No	Gives objects	☐ Yes ☐ No
Points with his/her finger	☐ Yes ☐ No	Pincer grasp	☐ Yes ☐ No
Puts a cube in a box	☐ Yes ☐ No	Crawls	☐ Yes ☐ No
Extend arms to be picked up	☐ Yes ☐ No	Throws objects	☐ Yes ☐ No
Reacts to his/ her name	☐ Yes ☐ No	Crawls	☐ Yes ☐ No
Orients to voice and to her/ his name	☐ Yes ☐ No	Stands up	☐ Yes ☐ No
Comprehends an order	☐ Yes ☐ No	Walks	☐ Yes ☐ No
Throws a ball	☐ Yes ☐ No	Walks up/ down	☐ Yes ☐ No
Helps to take off his/her clothes	☐ Yes ☐ No	Speaks syllables	☐ Yes ☐ No
Undress without help	☐ Yes ☐ No	First words	☐ Sim ☐ No
Dress unassisted	☐ Yes ☐ No	Speaks short phrases	☐ Yes ☐ No
Climbs furniture	☐ Yes ☐ No	Able to speak 4 words in a phrase	☐ Yes ☐ No
Runs	☐ Yes ☐ No	Names objects	☐ Yes ☐ No
Draws a line	☐ Yes ☐ No	Eats independently	☐ Yes ☐ No
Opens covers	☐ Yes ☐ No	Eats correctly	☐ Yes ☐ No
Kicks a ball	☐ Yes ☐ No	Turns the pages of a book	☐ Yes ☐ No
Climbs stairs	☐ Yes ☐ No	Plays with home activities (to cook, to sweep, etc)	☐ Yes ☐ No
Daytime urinary control	☐ Yes ☐ No	Imitates gestures	☐ Yes ☐ No
Points correctly 7 parts of the body	☐ Yes ☐ No	Stadns tall in one foot	☐ Yes ☐ No
Jumps with both feet	☐ Yes ☐ No	Holds a pencil correctly	☐ Yes ☐ No
Turns the pages of a book	☐ Yes ☐ No	Recognizes him/herself at the mirror	☐ Yes ☐ No
Understands movements up/ down	☐ Yes ☐ No	Identifies his/her gender	☐ Yes ☐ No
Knows his name (complete)	☐ Yes ☐ No	Other abnormalities	☐ Yes ☐ No

8) NEUROLOGICAL EVALUATION

Tipo of crying: ☐ normal ☐ weak or continuous ☐ absent ☐ Other (specificy):			
Tonic reflex	☐ Present ☐ Absent	Moro Reflex	☐ Present ☐ Absent
Rooting reflex	☐ Present ☐ Absent	Suck reflex	☐ Present ☐ Absent
Grasp reflex	☐ Present ☐ Absent	Plantar grasp	☐ Present ☐ Absent
Axial Tonus	☐ yes ☐ No	Symmetrical mobility	☐ yes ☐ No
Peripheral tonus	☐ yes ☐ No	Hypotonia	☐ yes ☐ No
Troublesleeping	☐ yes ☐ No	Hyperactivity	☐ yes ☐ No
Neurodevelopmental problems	☐ yes ☐ No	Agressivity	☐ yes ☐ No
Superior limb spasticity	☐ yes ☐ No	Inferior limb spasticity	☐ yes ☐ No
Ataxia	☐ yes ☐ No	Suprabulbar syndrome	☐ yes ☐ No
Dysmetria	☐ yes ☐ No	Dystonia	☐ yes ☐ No
Oculomotor apraxia	☐ yes ☐ No	Choreatetosis	☐ yes ☐ No
Cranial nerves alterations	☐ yes ☐ No	If yes, describe: _____.	
Epilepsy	☐ Yes ☐ No	If yes, start date : */__/__/__/__/__/__/__/__/__/__*	
Seizures: ☐ West syndrome ☐ Lennox ☐ Febrile ☐ Generalized ☐ Focal			
Atiepileptic drugs	☐ Yes ☐ No	If yes, specificy: _____.	
EEG (attach results) ☐ yes ☐ No			
Other abnormalities: ☐ Yes ☐ No	If abnormal, specify:		

9) PHYSICAL EXAMINATION

Weight:_____ Percentile: _____ Z-score: _____	Length: _____ Percentile: _____ Z-score: _____	BMI: _____ Percentile: _____ Z-score: _____	H C:_____ Percentile: _____ Z-score: _____

General:

a. Mucosae: ( ) normal ( ) abnormal
b. Hydratio status: ( ) normal ( ) abnormal
c. Cyanosis: ( ) normal ( ) abnormal
d. Jaundice: ( ) normal ( ) abnormal
e. Respiratory rate: ( ) normal ( ) abnormal
f. Peripheral perfusion: ( ) normal ( ) abnormal

A) Head and Neck:

Oropharynx: ( ) normal/adequado ( ) abnormal

Ears: ( ) normal/adequado ( ) abnormal

Lymphnodes: ( ) normal/adequado ( ) abnormal

B) Cardiovascular system: ( ) normal ( ) abnormal

C) Respiratory evaluation: ( ) normal ( ) abnormal

D) Abdomen evaluation:

a) Liver: ( ) normal ( ) abnormal

b) Spleen: ( ) normal ( ) abnormal

c) Other findings: _____

E) Musculoskeletal: ( ) normal ( ) abnormal

10) Laboratory exames - results

_____

11) Pediatric diagnosis:

a) Feeding: ( ) Normal ( ) Inadequate

b) Nutritional diagnosis: ( ) Eutrophy ( ) Distrophy – describe: _____

c) Development: ( ) Normal ( ) Abnormal

d) Immunization: ( ) Adequate ( ) Inadequate

12) DIAGNOSIS: Congenital Zika Syndrome ( ) Exposure ( ) ZikV Negative ( )

_____

13) MEDICAL CONDUCT

_____

NAME AND SIGNATURE