

Name: _____
 Birthdate: _____

Appendix I

DOWN SYNDROME HEALTH CARE GUIDELINES (1999 Revision) RECORD SHEET

AGE, in years

Medical Issues	At Birth or at Diagnosis	6 mo	1	1 1/2	2	2 1/2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20-29	
Karyotype & Genetic Counseling																									
Usual Preventive Care																									
Cardiology																									
Audiologic Evaluation	Echo ABR or OAE																								
Ophthalmologic Evaluation	Red reflex																								
Thyroid (TSH & T ₄)	State screening																								
Nutrition																									
Dental Exam																									
Celiac Screening ²																									
Parent Support																									
Developmental & Educational Services	Early Intervention																								
Neck X-rays & Neurological Exam ³																									
Pelvic exam ⁴																									
Assess Contraceptive Need ⁴																									
Pneumococcal Vaccine																									

Instructions: Perform indicated exam/screening and record date in blank spaces.

¹Begin Dental Exams at 2 years of age, and continue every 6 months thereafter.

²IgA antiendomysium antibodies and total IgA.

³Cervical spine x-rays: flexion; neutral and extension, between 3-5 years of age. Repeat as needed for Special Olympics participation. Neurological examination at each visit.

⁴If sexually active