



### Muscular Dystrophy Sequencing Panel Clinical Features j

<b>Patient Name (Last, First):</b>	<b>Referring Provider:</b>
<b>MR#:</b>	<b>Pager/Phone#:</b>
<b>DOB:</b>	

**Age of onset:** \_\_\_\_\_

**Weakness** (select all that apply):  
Proximal  
Distal  
Facial  
Extraocular  
None

**CK:** Normal  
Mildly elevated  
Significantly elevated

**Cardiac involvement** (select all that apply):  
Cardiomyopathy  
Arrhythmia  
Neither

**Intellectual disability:** Yes  
No

**Behavioral disability** (including autism spectrum disorders): Yes  
No

**Ethnicity/Race** (select all that apply):  
Black/African/African-American  
Asian/Asian-American (Asian or Pacific Islander ancestry)  
Middle Eastern  
Mediterranean  
Latino/Hispanic  
Native American  
White/Caucasian, non-Latino/Hispanic (European ancestry)  
Unknown

**Family history:** Yes  
No

**If yes, pattern of inheritance suggested:** Autosomal recessive  
Autosomal dominant  
X-linked  
Sporadic  
Unknown

**Additional features:**

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