



CLINICAL CHECKLIST MULTIPLE OSTEOCHONDROMAS (MO) (EXOSTOSES)

ONE FORM FOR EACH PATIENT REQUIRED.

Checklist online available.

PATIENT

Name:

Date of birth:

Sex: M / F

Ethnic origin:

CLINICAL INFORMATION

- Height: at age:
- Age of onset of MO:
- Number of osteochondromas at (age) years (please circle):
 - 1) 1
 - 2) 2 to 5
 - 3) 5 to 10
 - 4) 10 to 20
 - 5) >20

- Site of osteochondroma (please tick):

Site	Site	Site	Site
distal femur	distal tibia		foot
proximal femur	proximal tibia		knee
distal humerus	distal fibula		scapula
proximal humerus	proximal fibula		clavicle
pelvis	spine		other:.....

- Did the patient develop a chondrosarcoma?

no	at age:
yes	location:
- Family history:
 - 1) no family history
 - 2) family history (please include pedigree)
- skeletal deformities:
 - 1) no
 - 2) yes (please specify):

Deformity	Functional impairment	
forearm	decreased range of forearm rotation	
forearm with radial head dislocation	decreased range of elbow flexion	
shortening of forearm	decreased range of knee flexion	
genu vaga	other:	
other:.....		

- complications (vessel entrapment, tendon entrapment, ...):
 - 1) no
 - 2) yes (please specify):

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- dental abnormalities:
- additional comments / observations:

Please return clinical checklist to Wim Wuyts, PhD, Dept. of Medical Genetics, University of Antwerp, Prins Boudewijnlaan 43, 2650 Edegem, Belgium, Fax: 32-3-2759723, Email: wim.wuyts@ua.ac.be