



Patient ID: _____ Date of Birth (MM/DD/YY) ___/___/___
 Referring Physician _____ Date of Exam (MM/DD/YY) ___/___/___

DEMOGRAPHIC INFORMATION

Gender: Male Female
 Ethnicity: Mother - White Black Native American Hispanic Asian Other: ____
 Father - White Black Native American Hispanic Asian Other: ____

CLINICAL DIAGNOSIS

- Cowden syndrome (CS)
- Proteus syndrome (PS)
- Macrocephaly/Autism syndrome
- Bannayan-Riley-Ruvalcaba syndrome (BRRS)
- Proteus-like syndrome
- Other _____

FAMILY HISTORY

Sporadic Familial Unknown
 Familial cases: Please provide pedigree and details on the affection status of family members on a separate page.

General Information

Weight ____ kg or ____ lb Height ____ cm or ____ ft Head circumference ____ cm

CNS

- Macrocephaly (HC > 98th percentile)
- Mental retardation/Developmental delay
IQ _____
- Autism/ pervasive developmental disorder
- Lehermitte-Duclos disease (LDD)
- Other CNS tumors _____

Skin/Mucosa

- Facial trichilemmomas
 0-2 lesions ≥ 3 lesions
- Cutaneous facial papules
- Oral mucosal papillomatosis
- Acral keratosis
 0-5 lesions ≥ 6 lesions
- Lipomas
- Regional absence of fat
- Fibromas
- Pigmented macules of the glans penis
- Connective tissue nevi
- Epidermal nevus
- Vascular malformations
 Capillary Venous Lymphatic
- Other skin lesions _____

Breasts

- Fibrocystic disease
- Breast cancer (type) _____
BRCA testing? No Yes
If yes, was mutation identified?
 Yes _____ No

Thyroid

- Thyroid cancer (non-medullary)
- Benign multinodular goiter
- Adenomatous nodules and follicular adenomas
- Other thyroid lesions _____

Gastrointestinal tract

- Hamartomatous intestinal polyps
- GI malignancy (specify) _____

Genitourinary

- Benign uterine fibroids
- Endometrial cancer
- Renal cell cancer
- Bilateral ovarian cystadenomas
- Genitourinary malformation (specify) _____

Disproportionate overgrowth

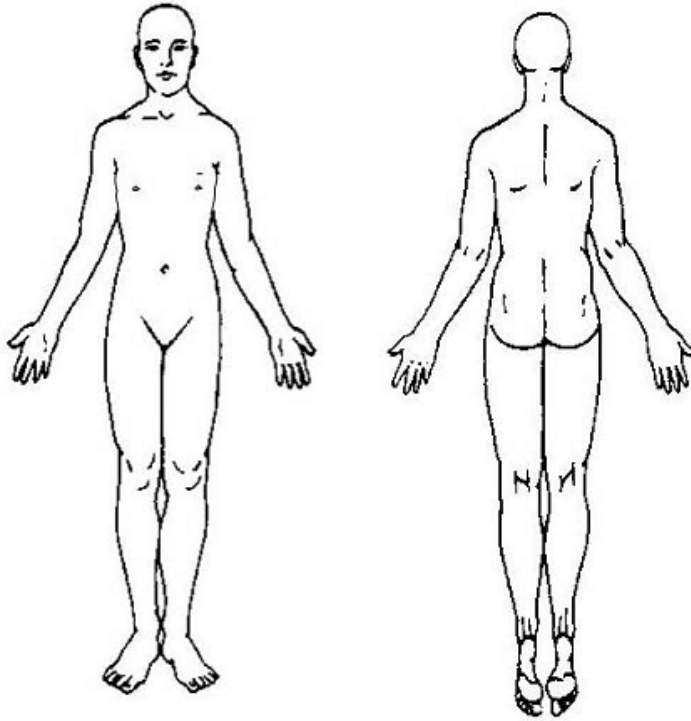
- Limbs (arms/legs, hands/feet/digits)
- Skull (hyperostoses)
- Vertebrae (megaspondylodysplasia)
- Viscera (spleen/thymus)

Others

- Parotid monomorphic adenoma
- Facial dysmorphism (specify) _____



**** Please draw location/size of cutaneous lesions**



Family pedigree – in familial cases

