

# RETT SYNDROME HEALTH CARE GUIDELINES

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Age	2	2.5	3	4	5	6	7	8
Clinical Diagnosis								
Molecular Diagnosis								
Audiological Evaluation*								
Ophthalmologic Evaluation*								
Seizures								
Health Maintenance								
Weight for Height percentile								
Head circumference								
Oral-motor function								
Bruxism/Dental								
Scoliosis check								
Hyperventilation/apnea								
Aerophagia								
Constipation								
Abdominal pain/gall bladder								
Tanner stage								
Range of motion								
Pathologic fx/Bone density								
EKG								
Neurologic status - Muscle bulk								
Muscle tone								
DTRs								
Ataxia								
Developmental status								
Ambulation								
Communication								
Temperament/Mood								
School Program								
Therapies								
Family Functioning								
Medications								
Allergies								

\* Document once. If normal, repeat only as needed

\*For informational purposes only.