

MHE / MO / HME School Clinical Information form

- Name: _____
- Address: _____

- Phone Number: _____ Email: _____
- Age of diagnoses of MHE / MO / HME: _____
- Height: _____ Weight _____
- Age of first Surgery _____ Age of last surgery _____ Number of surgeries your child has had _____
- Your Signature: _____ Date: _____

Sites of Exostoses / osteochondroma

<p><u>Left Hand/Fingers</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p><u>Right Hand/Fingers</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p>Ages of surgeries _____</p>	<p><u>Left Forearm</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p><u>Right Forearm</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p>Ages of surgeries _____</p>	<p><u>Left Knee</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p><u>Right Knee</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p>Ages of surgeries _____</p>
<p><u>Left Wrist</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p><u>Right Wrist</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p>Ages of surgeries _____</p>	<p><u>Left Shoulder/Humerus</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p><u>Right Shoulder/Humerus</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p>Ages of surgeries _____</p>	<p><u>Left Ankle</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p><u>Right Ankle</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p>Ages of surgeries _____</p>
<p><u>Left Elbow</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p><u>Right Elbow</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p>Ages of surgeries _____</p>	<p><u>Left Pelvis / Hip</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p><u>Right Pelvis / Hip</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p>Ages of surgeries _____</p>	<p><u>Left Foot</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p><u>Right Foot</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p>Ages of surgeries _____</p>
<p><u>Left Scapula</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p><u>Right Scapula</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p>Ages of surgeries _____</p>	<p><u>Spine</u> Yes No</p> <p>Location _____</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p>Ages of surgeries _____</p>	<p><u>Left Toes</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p><u>Right Toes</u> Yes No</p> <p>Number of surgeries _____</p> <p>Number of exostoses _____</p> <p>Ages of surgeries _____</p>

Leg limb-length discrepancies Yes No	Bowing in legs? Yes No
Leg fixator surgery Yes No	Muscle weakness Yes No
Stapling surgery legs Yes No	Chronic fatigue Yes No
Shortening of forearm or bowing Yes No	Problems sitting Yes No
Forearm fixator surgery Yes No	Problems standing Yes No
Problems writing Yes No	Problems with stairs Yes No
Complications (vessel entrapment, nerve entrapment, tendon entrapment.....)	
Medications my child takes for pain:	

Comments :