**Appendix 1**

Proforma

Patient Identification code:

Sex (M/F):

Age (months):

Date of diagnosis (dd/mm/yyyy):

Date of genetic test (dd/mm/yyyy):

Date of genetic test result (dd/mm/yyyy):

Date of collection (dd/mm/yyyy):

Chromosomal abnormality:

Antenatal History

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Not recorded |
| IVF |  |  |  |
| Previous miscarriagde |  |  |  |
| Alcohol abuse |  |  |  |
| Maternal depression |  |  |  |

Parental age (at birth): Mother: Father:

Birth History Term/pre-term (<34 weeks):

Birth Weight (kg):

**Growth**

Growth (centile): Height: Weight:

Head circumference (centile):

Structural anomalies:

Developmental regression (yes/no/not recorded):

Epilepsy (yes/no/not recorded):

Learning difficulties (yes/no/not recorded):

Other health problems:

**Family History**

Family History of ASD (yes/no/not recorded):

Family History of LD (yes/no/not recorded):

Family History of psychosis:

**Sensory Behaviour**

Unusual sensory behaviors (head banging, sensitive to noise, rocking, spinning and hand flapping):

**Ethical Approval**



