**Initial Cranial Assessment**

**Patient Name: Today’s Date:**

**DOB: Physician:**

**Guardian: Insurance:**

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**Medical History**

**Gestation: Multiple Birth: NICU:**

**Complications: Developmental Delay:**

**Flattening Noticed: Noticed By: Repositioning For:**

**Torticollis: Side: Therapy:**

**Deformation Type:**

**Occipital Flattening: Frontal Bossing:**

**Parietal Flattening: Frontal Flattening:**

**Ear Shift: Heightening:**

**Facial Asymmetry:**

**Argenta Scale Severity:**

**Smart Soc Data**

**Radial Symmetry Index: CHOA Grade:**

**Cranial Vault Asymmetry Index: CHOA Grade:**

**Overall Symmetry Ratio: CHOA Grade:**

**Posterior Symmetry Ratio: CHOA Grade:**

**Cephalic Ratio: Standard Deviations:**

**Follow Up Plan:**

**Family verbalizes understanding of results and agreement with plan:**