

Ear, Eye and Head

Conditions

Apraxia/Mute
Blindness
Cataracts
Cleft Lip/Palate
Deafness
Ear Malformation –
 Microtia/Atresia
Facial Malformation
Glaucoma
Eye Malformations –
 Microphthalmia
Laryngeal Stridor (larynx
 condition)
Leukoma
Microcephaly
Nystagmus
Hearing Loss – Partial
Vision Loss – Partial
Retinoblastoma

Heart/Blood Conditions

Dextrocardia
Heart Condition (moderate
 to major)
Hemophilia
Phenylketonuria
Thalassemia
Turner’s Syndrome

Bone, Muscle and Joint

Conditions

Arthrogryposis
Brachial Plexus Injury
Club Foot/Feet
Dwarfism/Short Stature
Ectrodactyly
Hip Dysplasia
Missing/malformed feet/legs
Missing/malformed
 fingers/toes
Missing/malformed
 hands/arms
Osteogenesis Imperfecta
Scoliosis
Teratoma

Infectious Diseases

Hepatitis B
Hepatitis C
HIV
Syphilis
Tuberculosis

Neurologic Conditions

Abnormal Brain CT
Arachnoid Cyst
Brain Damage
Central Coordination
 Disorder
Cerebral Hemorrhage
Cerebral Palsy
Chiari Malformation
Corpus Callosum Agenesis
Epilepsy
Hemiplegia
Hydrocephalus
Hypoxic Ischemic
 Encephalopathy
Paralysis
Spina Bifida
 (Meningocele/Myelomeli-
 ngocele)
Tethered Spinal Cord

Feeding/Colon Conditions

Anal Atresia
Biliary Atresia
Esophageal Atresia
Gastroschisis
Intestinal Atresia
Megacolon/Hirschsprung’s
 Disease

Reproductive/Urologic/Neurological Conditions

Bladder Exstrophy
Genital Malformation
Hydronephrosis
Hypospadias
Incontinence
Intersex/DSD
Kidney Condition
Liver Condition
Omphalocele

Skin/Vascular Conditions

Albinism (AND low vision)
Burns
Epidermolysis Bullosa
Hairy Nevus
Facial Hemangioma
Ichthyosis
Vitiligo

Developmental Conditions

Autism
Delayed Development (may
 be physical, motor,
 and/or cognitive)
Down Syndrome
Premature (AND delayed
 development)

Healthy Older Child (10+)

Specify Age Range ____ to
 ____ yrs

**Please indicate if your family
will consider a child with
multiple conditions
marked “yes” on your
MCC:**
 Yes
 No