

This is form 1

1. Full **Name** of child, age of child , and **City** You are from:>>>(required)
2. **Diagnosis** in one line and one **major concern** or change u wish to see on priority >>>(required)
3. **Chief complaints:** what are the problems in managing your child: neurology issues, epilepsy, development, nutrition, movements, clothing, feeding, behaviour, medical issues , immunity, poor weight, obesity, constipation, repeated cough cold etc please write 2-3 lines for each. >>>(required) circle if applicable, write if details
4. **Birth history:** Explain if first child, birth insult, normal delivery, forceps, vaccum delivery, caesarian section, IVF / twin baby, baby movements reduced before birth, liquor fluid reduced before birth, passed motion inside uterus, premature baby, low birth weight, did not cry after birth, was in nicu or ventilator, had convulsions, contractures, splints, spect's, hearing and vision issues, squint, and any other important history >>>(required) circle if applicable, write if details
- 5.**Milestone recall:** first smile noted at age in months, started rolling over at age, was sitting without support at age, standing without support age, walking without support age, running age, first word at age, type of speech at age 2 years, started using verbs age, small sentences age, talks fluently? reads fluently? writes- what? schooling started? special school? circle if applicable, write if details>>>
- 6.Convulsion details: first convulsion age, what was type of movement, neck movement, head movement, eyes movement? one side of body? both ? limbs tight or lose? only jerks? or just drops or just winks or just appears like getting scared, sleeps after fits? seizures in morning? seizures in sleep? how many in a month/day, last convulsion age? medicines going on since last month? MRI EEG CT done? report? how often unconscious? how long? circle if applicable, write if details >>>(required)
7. Speech issues, behaviour issues, communication issues, eye contact, listening to commands, hearing commands, how often? all the time? angry, restless, repeated movements? special interest in only one object or word or action, socialisation issues, mixing with kids, group play, playing with meaning, words with meaning, self talk, sensitivity to sound or touch etc circle if applicable, write if details>
8. Any other information about child, medicines, therapy given for years... and surgeries done, admissions etc, complaints from teachers, ADHD, learning disability etc circle if applicable, write if details>>> list your questions. Can use extra page