PROYASH

Institute of Special Education
Dhaka Cantonment
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Case History Form

Assessed By :- _____ **Assessment Date :-** _____

PARTICULAR OF THE CHILD

1. Name of the Child:- _____

2. Date And Place of Birth :- _____ **Age:-** _____

3 .Gender:- **Blood Group:-**

4 .Height :- **Weight:-**

5 . Birth Registration Number:-

6. Identification Mark:-

7. Previous Schooling:-

8. Present Address:- _____

_____

9. Permanent Address: _____

_____

10. Guardianship:-

11. Local Guardian:- **Tel. No:-**

12. In case of Emergency Whom to contact:- Name : _____

Address : **Tel no:-**

13. Drug History:-

14. Referred By:-

PRESENT PROBLEM:-

1.

2.

3.

4.Abnormalities if any:-

FAMILY HISTORY:-

1. Father's Name:- **Age:-**

a. Education:- **b. Profession:-**

c. Health State:- i) Heart problem:- **ii)Diabetes**
iii) Hypertension:- **iv)Asthma**
v) Hyperthyroidism: **vi)Any habit:-**
vii) Any abnormalities:-

d.Contact Number:-

2. Mother's Name:- **Age:-**

a. Education:- **b. Profession:-**

c. Health State:- i) Heart problem:- **ii)Diabetes**
iii) Hypertension:- **iv)Asthma**
v) Hyperthyroidism: **vi)Any habit:-**
vii) Any abnormalities:-

d.Contact Number:-

3.Marital state: -Living together / separated /divorce / widow

4. History of consanguinity:-

5. Family structure:- Nuclear / Joint / Others

6. Age during marriage:-a) Husband:- **b) Wife:-**

7. List of Siblings:-

Ser	Name	Sex	Age	Remarks
1.				
2.				
3.				
4.				

BIRTH/MEDICAL HISTORY

1. Mother's age when she conceived:-

2.Any problem during pregnancy:-

3. Mother's health state during pregnancy:-

a) Malnutrition:- **b) Anaemia:-**
c) Diabetes:- **d)Hypertension:-**
e) Measles/Mums:- **e) Seizure:-**
g) Infectious disease:- **h)Other disease:-**

4. Any Trauma/Injury:-Physical/ Psychological

5. Any abortion/miscarriage:-

6.During pregnancy(1st trimester) did the mother took any drugs:-

7.Does She exposed to :-a)X-Ray b)CT Scan c) MRI d)Infectious disease

PERI NATAL:-

1. Place of Delivery: Home/ Hospital/ Clinic/ others

2. Labor Conducted By:-

3. Nature of Delivery:- Normal / Caesarian/ Instrumental

4. Duration of labor:-prolonged/ Premature rupture membrane/difficult

5. Type of presentation:-Head/ breech/others

6. Duration of pregnancy:- Premature/ Full term/Post mature (Specify date)

7. Birth Cry:-(Specify time)

8. Color of the baby at birth:-

9. Oxygen deprivation during delivery:-(Neo natal Asphyxia)

10.Resuscitation procedure if given:-

11.Any medication to the child:-

12.Any injury during delivery:-

13.Birth Weight of the child:-

POST NATAL

1.Please check if the child has the following illness. Please note the exact age of the child during the illness:-

a) Respiratory illness:- **b)Meningitis:-**

c)Typhoid:- **d)Encephalitis:-**

e) Mumps:- **f) Measles:-**

g) Chicken pox:- **h) Diphtheria:-**

i) Whooping caugh:- **j) polio**

k)Rheumatic fever:- **l)Hepatitis:-**

m) Heart disease:- **n) Diabetes**

o) Ear infection:- **p) Traumatic injury**

q) Convulsion:- i) Type **ii)Duration**

iii)Drug used **iv)Control/uncontrol**

v) Any history of status:-

2.Vaccination Schedule:-

a) BCG **b)DPT** **c) Polio**

d)Hepatitis A/B **e)Typhoid** **f)Chicken pox**

g)Measles/MMR **h)Rotavirus** **i) HIV**

j) Any other

3.Did the child gone under operation:-Describe

4. Any accidental history:-

DEVELOPMENTAL HISTORY SINCE CONCEIVE

1. **Did the mother had any problem during pregnancy:-**
2. **How old was the mother when she became pregnant:-**
3. **Are there any history of previous abortion:-**
4. **Is she prime gravida:-**
5. **Is she exposed to any infectious disease during 1st trimester:-**
6. **Is she exposed to X-Ray/ CT scan/MRI**
7. **Any history of trauma/accident (physical/psychological)**
8. **Is she took medicine (antibiotics/hormone) during pregnancy:-**
9. **was the foetal movements normal during pregnancy:-**
10. **Are there any complication during pregnancy/delivery:-**
11. **Was the child premature/post mature (Specify days):-**
12. **Is there any neo natal Asphyxia:-**
13. **Did the child need any resuscitation during delivery(describe):-**
14. **Did husband stayed with the wife throughout the pregnancy:-**

NORMAL MILESTONES OF DEVELOPMENT			
Sl.No	Milestone	Age	Present Child
1	Smiles at others	4 months	
2	Holds head erect	4 months	
3	Puts objects into mouth	4 months	
4	Rolls from back on to stomach	6 months	
5	Uses whole palm to grasp	7 months	
6	Makes sounds 'amma' and 'dada'	7 months	
7	Sits without support	8 months	
8	Responds to name	10 months	
9	Crawls	10 months	
10	Stand by holding on to an object	10 months	
11	Holds object with thumb and index finger	10 months	
12	Stands without support	10 months	
13	Saya 'amma', 'akka', 'atta' meaningfully	15 months	
14	Walks without support	15 months	
15	Tells own name	18 months	

Who else are providing service or where else are taking service from

1. **Medical support:-**
2. **Investigation :-**
3. **Therapy support:-**
4. **Schooling support:-**
5. **Any other Support:-**

How is the home environment where the child growing:

1. Who are the members staying at home

2. Attitude of the family members towards the child

3. To whom the child stays maximum time at home

4. Food habit of the child

5. Did the child has free accessibility at home

6. If mother is serving then who looks after the child at home

7. Relation of the child with father—does father spare time for the child

8. Are there any entertainment for the child at home

9. Does the child use any equipment/special tools at home

10. Are the parents are enough educated and trained for the child

PREDIOUS DOCUMENTS:-

Please collect all the previous documents (photocopy) of the child

1.Medical prescription

2. investigation reports:- a)EEG b)CT scan c) MRI d)Fundoscopy

3. Psychological report

4.Therapeutic report

5. Schooling service

Did you have enough education and training to care your children's condition? Yes/No/Not sure

Medical (including all prescription):

Investigation:

Psychological report:

Therapeutic report:

Schooling service:

General Comments.

_____
(Medical Officer)

_____ _____ _____ _____
(Occupational Therapist) (Psychologist) (Speech & Language Therapist) (Physiotherapist)

Counter Signed