BIBLIOGRAPHY
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DATA COLLECTION RECORD

Name                  Hospital No.
Age                   Date of Birth
Sex                   
Religion              
Mother Tongue         
Urban / Rural         
Socio - economic status 
Informant             
By whom referred      

Complaints, duration and their development and any treatment taken:

Significant past history of illness:

Current medical problems (give details regarding treatment)

Current medical problems (Give details regarding treatment)
Developmental History

1. Mother’s condition during pregnancy - Any illness?
2. Type of Delivery
   - Place of Delivery
3. Normal / Instrumental / Operation
   - Full Term / Premature/Postmature
   - Hospital / Home
   - Duration of labour
4. Birth Injury
   - Fetal distress
5. Feeding
   - Breast Fed
   - Bottle Fed
   - Duration

6. MILESTONES OF DEVELOPMENT
   - Birth Cry
   - Recognising mother
   - Turning
   - Head Control
   - Sitting without support
   - Crawling
   - Walking without support
   - Standing without support
   - Teething
   - Running
   - Meaningful speech - Details

Present Stage of functioning

- Motor movements
  - Gross movements
  - Fine movements
3. Feeding

Drinking habit - can indicate the need when hungry or thirsty

Unable to hold the cup/able to drink with help/able to drink with direction.

Totally independent

Eating habits - completely dependent / able to eat / able to eat with help / able to eat with direction.

Totally independent

4. Toilet habits and personal Hygiene

| Totally aware and shown interest with adult help with direction | Totally independent |

Bowel control

Bladder control

Expression for toilet need

Washing face, hands and feet

Brushing Teeth (able to spit)

Bathing

5. Dressing

| Totally aware and shown interest with help | Able to do with help do with direction | Totally independent |
Taking off clothes
Putting on clothes
Buttoning
Unbuttoning

**Combing Hair**

**Sense of modesty**

6. **Socialisation** - Identify parents / Siblings and relatives.
   Details of relationship with family members and others.

**Play activity - Details**

**Home activities**

**Imitation**

**Constructive Work**

**Behavioural problems**

**Eating fads**

**Sleeping disturbance**

**Thumb Sucking**

**Temper Tantrums**

**Nail biting**

**Aggression**

**Bed wetting**

**Destructiveness**

**Masturbation**

**Any other**

**Details of problems**

**Schooling if any**
### Family History Consanguinity

<table>
<thead>
<tr>
<th>Family History Consanguinity</th>
<th>Nuclear</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Education</td>
<td>Occupation</td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
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<tr>
<td>Languages Spoken</td>
<td>Father</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mother</td>
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</tbody>
</table>

### Siblings Sex

<table>
<thead>
<tr>
<th>Siblings Sex</th>
<th>(Dead or alive in order of birth)</th>
<th>Attitude towards child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age</td>
<td>Education</td>
</tr>
</tbody>
</table>

### Home Condition

- Other Permanent members in the house
- History of Epilepsy Mental Retardation or normal illness in the family

### Significant Physical Findings

### Diagnostic

### Recommendations:

Date: 

Signature: 