

CASE HISTORY FORM

1. PERSONAL HISTORY

Name _____

Age _____

School attended _____

Performance in School _____

Duration of Illness _____

Branch of Training _____

Any other detail _____

Date of Illness _____

Sex _____

Name of Illness _____

Case History Forms

2. FAMILY HISTORY

Name _____

Age _____

Education _____

Profession _____

Marital Status _____

Address _____

Language spoken _____

Health Care Unit _____

Any disability in the family _____

Name of family member _____

Any other detail _____

3. DETAILS OF SIBLINGS & OTHERS IN THE FAMILY

List of all the children according to birth order

	Name	Sex	Age	Mental Health	Other Details
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

CASE HISTORY FORM

1. PERSONAL HISTORY:

Name _____
Age _____
School attended _____
Performance in School _____
Duration of Stay _____
Reason of leaving _____
Any other detail _____

Date of birth _____
Sex _____
Name of School _____

2. FAMILY HISTORY:

	<u>Father</u>	<u>Mother</u>
Name	_____	_____
Age	_____	_____
Education	_____	_____
Profession	_____	_____
Monthly Income	_____	_____
Address	_____	_____
Language spoken	_____	_____
Health Condition	_____	_____
Any disability in the family	_____	_____
Nature of disability	_____	_____
Any other detail	_____	_____

3. DETAILS OF SIBLINGS & OTHERS IN THE FAMILY:

List of all the children according to birth order.

	<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Mental Health</u>	<u>Other Details</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

List of others living in the family:

	<u>Name</u>	<u>Age</u>	<u>Profession</u>	<u>Mental health</u>	<u>Relationship with the child</u>
1.					
2.					
3.					
4.					

4. MEDICAL HISTORY:

1. Was the pregnancy trouble free _____
If no explain _____
2. Was the delivery trouble free _____
If no explain _____
3. Length of pregnancy in weeks _____
4. What medication did the mother take _____
5. Child's condition at birth _____
6. Did normal immunization proceeded upto date _____
7. If the child has had any of the following:
Diseases:-

- Measles _____	- Coldol (frequent) _____
- Rubells _____	- Tonsittities _____
- Mumps _____	- Constipation _____
- Chicken pox _____	- Head Injury _____
- Rhecumatic fever _____	- Convulsions _____
- Swollenglands _____	- Allergies _____
- Otilis _____	- Phenomena _____
- Mention approximate date _____	

- Age at which developed

1. Head Control _____
2. Sat alone _____
3. Spoke first word _____
4. Stood with support _____
5. Walked alone _____
6. Talking in sentences _____
7. Toilet trained _____
8. Other details if any: _____

- Have you noticed any sudden personality or behavior change in the child _____

If yes, give details _____

Any thing else that you feel to tell about the child _____

Child's bad habits _____

6. Child observation (Subjective Report) _____