

Follow up

Digital Prescription & Assessment Format

A

- Child's Name:.....
- Age:....
- Sex: Dropdown Male/ Female/ Others
- DOB:.....
- Mother's age (years).....
- Mother's education: Dropdown
- Mother's occupation:.....
- Father's age (in years).....
- Father's education: Dropdown
- Father's occupation:.....
- Type of family: Dropdown Joint/ Nuclear
- Number of family members:.....
- Number of siblings:.....
- Details of siblings (Age and sex):.....
- Address: City, locality
- Contact:.....
- Referred By: Doctor/ Healthcare worker/ School/ Relative/ Camp
- Informant:

Presenting Concerns

- Chief concerns:
- Duration of symptoms:.....
- Concerns noticed by school (if any).....

Strengths of child:

Current Improvements:.....

Current concerns:.....

Current medications.....

Investigations done.....

B

Interaction history:

- Eye contact: Dropdown- 1-Poor / 2-Fleeting /3-Suboptimal/ 4-Sustained
- Interaction- Dropdown- 1-No interaction/ 2-Need based interaction/ 3-Interaction with parents / 4-Interaction with known people / 5-Interaction with adults and older children/ 6- Interaction with peers
- Quality of Interaction: 1-Age-appropriate / 2-limited / 3-avoids

Behavioral history: Tick- can tick more than one

Repetitive behaviors (RRBs)

If yes- Details-

Patterned behavior or activities

If yes- Details-

Hyperactivity

Inattention

Impulsivity

Defiance

Obsessions and compulsions

Insisting on sameness

Object obsession

Temper tantrums

Stubbornness

Aggression

Self injurious behaviors

Mouthing of objects

Habit behaviors

Enuresis

Encopresis

Bullying others

Being bullied

Lying

Stealing

School refusal

Phobias

Separation anxiety

Lack of motivation

Tics/Movement disorder

Others:

Emotional history (can tick more than one)

Lack of emotions

Lack of interest

Irritability

Anxiety

Excessive crying episodes

Mania-like episodes

Others-.....

Academic Concerns Tick

- Poor scholastic performance
- Difficulty in reading
- Difficulty in writing
- Difficulty in mathematics

Details- (multiple ticks)

- Incomplete notebooks
- Difficulty copying from the board
- Poor recall of learnt material
- Inattention in classroom
- Poor organisation of school materials
- Frequent spelling mistakes
- Phonological concerns
- Difficulty in comprehension
- Illegible handwriting

- Oral better than written
- Difficulty with mirror images
- Difficulty with grammar
- Difficulty forming sentences
- Difficulty in mathematics operations
- Difficulty understanding word problems
- Difficulty memorising multiplication tables

Sensory Concerns: Dropdown

- Tactile: Hypersensitive / Hyposensitive
- Auditory: Hypersensitive / Hyposensitive / Fear of loud sounds
- Visual: Seeks visuals / Avoids visuals
- Proprioception: Seeks pressure / Poor awareness
- Vestibular: Seeks movement / Avoids swings

3. Birth & Perinatal History

Antenatal History

- **Consanguinity: Dropdown Yes / No**
If yes Degree: Dropdown 1 / 2 / 3
- **Maternal age at conception (years):**.....
- **Type of conception: Dropdown Natural / IUI /IVF/ Adopted child**
- **High-risk factors in pregnancy: Tick** Chronic hypertension/PIH/Pre-eclampsia/ Eclampsia/ GDM/ Anaemia/Hypothyroidism/ Hyperthyroidism/ Placenta Previa/ Ante partum haemorrhage/Oligohydramnios/Polyhydramnios/ Febrile illness/ UTI/ HIV/ Hepatitis B/ Hepatitis C/ Others.....

4. Natal and Postnatal History

- **Place of Birth: Dropdown** Home/ Institutional/ During transportation
- **Mode of Delivery: Dropdown** NVD /Assisted/ LSCS
Indication for LSCS (if applicable):.....
- **Gestational Age:**.....
- **Birth Weight:**.....
- **Cry at birth: Yes / No**
- **Resuscitation required: Yes / No — If yes, specify:**.....
- **NICU stay: Yes / No**
- **If yes- Duration & Indication:**.....

5. Past history: Hospitalization: Yes/ NO

Seizures: Yes/ No

Others:.....

Past/Current therapies-.....

Past/Current medications-.....

Investigations done-

Hearing assessment- Done/ Not done

If done then details.....

Vision assessment Done/ Not done

If done then details.....

Others-

6. Family history:

Neuropsychiatric condition: Yes/ No

Details (If yes):

Any recent stressful events in family: Yes/ No

Details (If yes):

Others:.....

7. Developmental History

Gross Motor

- Neck holding (3- 4months): Dropdown- Achieved/ Not achieved

Age of attainment.....

- Roll over: - Achieved/ Not achieved

Age of attainment.....

- Sitting without support: Achieved/ Not achieved

Age of attainment.....

- Standing without support: Achieved/ Not achieved

Age of attainment.....

- Walking without support: Achieved/ Not achieved

Age of attainment.....

- Running: Achieved/ Not achieved
Age of attainment.....
- Climbing upstairs (with one foot per step): Achieved/ Not achieved
Age of attainment.....
- Climbing downstairs (with one foot per step): Achieved/ Not achieved
Age of attainment.....
- Hopping: Achieved/ Not achieved
Age of attainment.....
- Standing on one foot: Achieved/ Not achieved
Age of attainment.....
- Skipping: Achieved/ Not achieved
Age of attainment.....

Fine Motor

Bidextrous grasp: Achieved/ Not achieved

Age of attainment.....

- Unidextrous grasp: Achieved/ Not achieved
Age of attainment.....
- Pincer grasp (mature): Achieved/ Not achieved
Age of attainment.....
- Scribbling: Achieved/ Not achieved
Age of attainment.....
- Drinking from cup: Achieved/ Not achieved
Age of attainment.....
- Buttoning / Unbuttoning Achieved/ Not achieved
Age of attainment.....

Language

Receptive: -

- Joint attention: Achieved/ Not achieved
Age of attainment.....
- Pointing: Achieved/ Not achieved
Age of attainment.....
- Understanding gestures: Achieved/ Not achieved
Age of attainment.....
- Following commands: **Dropdown** Not following/ 1-step / 2-step / 3-step

Expressive: -

- Cooing: Achieved/ Not achieved
Age of attainment.....
- Babbling: Achieved/ Not achieved
Age of attainment.....
- Meaningful words: Achieved/ Not achieved
Age of attainment.....
- 2 word Phrases: Achieved/ Not achieved
Age of attainment.....
- Complete sentences: Achieved/ Not achieved
Age of attainment.....

- Narrates events / stories:

Communication & Language Assessment

Non-Verbal Communication Grading: - All dropdowns (with 1, 2, 3 ,4)

1. Need-based communication: 1-Absent / 2-Emerging / 3-Inconsistent/ 4- Consistent
2. Drag for needs: Absent/Emerging / Inconsistent/ Consistent
3. Joint attention: Absent/Emerging / Inconsistent/ Consistent
4. Pointing: Absent/ Attempts / Cued pointing / Inconsistent meaningful pointing/ Consistent meaningful pointing
5. Understanding gestures: Absent/Emerging / Consistent
6. Following commands (gesture + verbal): Nil/1-step / 2-step / 3-step

Answering Questions: -

Able to answer questions: Dropdown Yes/ No

If yes Meaningfully responds to: What / Where / Who / Why / When / How (Checkbox)

Echolalia: Absent/ Present (No need to number)

Patterned speech: Present/ Absent (No need to number)

Social

- Social smile: Achieved/ Not achieved

Age of attainment..... **Same for all below**

- Stranger anxiety:
- Waving bye bye:
- Comes when called:
- Copying parents in tasks:
- Asking for food and toilet:

Response to Name Call

- Frequency: 5-Always / 4- Often / 3-Sometimes / 2-Rarely / 1-Never

Details:

Sitting tolerance- (in minutes)

- For interaction.....
- For tasks.....

ADL Skills (Age-appropriate)- All dropdown

- Eating: 1. Dependent/ 2. Started attempting/ 3. Needs significant assistance/ 4. Needs minimal assistance/ 5. Independent
- Bathing: 1. Dependent/ 2. Started attempting/ 3. Needs significant assistance/ 4. Needs minimal assistance/ 5. Independent
- Toilet training :1. Dependent/ 2. Started attempting/ 3. Needs significant assistance/ 4. Needs minimal assistance/ 5. Independent
- Dressing: 1. Dependent/ 2. Started attempting/ 3. Needs significant assistance/ 4. Needs minimal assistance/ 5. Independent
- Undressing: 1. Dependent/ 2. Started attempting/ 3. Needs significant assistance/ 4. Needs minimal assistance/ 5. Independent

8. Type of play : 1. Unoccupied/ 2. Isolated/ 3. Onlooker/4. Parallel/5. Associative/6. Cooperative

Outdoor play duration:.....

9. Academic History

- **Is child enrolled in school:** Yes / No
- **Type of school:** Regular / Special
- **Name of School:**.....
- **Grade:**.....
- **Hours spent in school:**.....
- **Board:** MP/ CBSE/ ICSE/ Others
- **Location:**.....
- **Any change of school:** Yes / No
- **Repetition of grade:** Yes / No

Additional information:.....

10. Diet History

- **Food preferences:**.....
- **Food allergies:** Yes/ No
- **Junk food intake:**.....
- **Calorie intake:**.....
- **Protein intake:**.....

Sleep History

- **Total sleep duration (night):**.....
- **Afternoon nap:** Yes / No
- **Sleep disturbances:** Yes/ No

If yes description.....

Daily Screen Time

- **Duration:** Zero/ <30 minutes/ < 1 hour/ < 2 hours/ > 2 hours/ > 5 hours
- **Description:**.....
- **Type of screen:** Mobile / TV / Tablet / Laptop

C

11. Examination

a. **Vitals:** HR:.....

RR:.....

Temperature:.....

BP:.....

b. **Anthropometry:** Weight-

Height/Length-.....

Head circumference-.....

BMI-.....

Others.....

c. **General Examination**

Dysmorphology:.....

Neurocutaneous markers:.....

Others:.....

d. **CNS:**

Higher Mental Functions

• Consciousness:.....

• Orientation:

• Memory:.....

• Speech:- Fluency:.....

Comprehension:.....

Repetition:.....

Naming:.....

Voice:.....

• Judgement:.....

• Insight:.....

• Perception:.....

Sensory Examination

• Touch:.....

- Pain:
- Temperature:
- 2-point discrimination:
- Stereognosis:
- Graphesthesia:
- Proprioception:

Cranial Nerves (1–12)

- Olfactory nerve:.....
- Optic Nerve:.....
- Oculomotor, Trochlear, Abducent:.....
- Trigeminal Nerve:.....
- Facial Nerve:.....
- Vestibulocochlear Nerve:.....
- Glossopharyngeal Nerve:.....
- Vagus Nerve:.....
- Spinal accessory Nerve:.....
- Hypoglossal Nerve:.....

Neuromuscular Concerns

- Motor delay: Dropdown Gross / Fine
- Bulk of muscles:
- Tone: Hypotonia / Hypertonia
- Power:
- Reflexes:
- Gait issues:
- Posture issues:
- Other:

Cerebellar examination:.....

Meningeal signs: Present/ Absent

If present details:.....

Oromotor Examination

- Drooling- Yes/No
- Chewing- Proper/ improper
- Swallowing- Proper/ improper
- Blowing- Proper/ Improper
- Others.....

e. CVS examination:.....

f. Respiratory System examination:.....

g. Per abdomen examination:.....

12. Impression:.....

13. Hopes from the consultation:.....

14. Advice:

- a. Intervention plan-.....
- b. Investigations-.....
- c. Medications-
- d. Follow up plan.....
- e. General recommendation- **Tick**
 - 1. Zero Screen Time
 - 2. Physical interactive play
 - 3. No Junk food
 - 4. No focus on academics