

SHISHU BIKASH KENDRO

Neurodevelopmental Assessment Form (abridged), March 2013 version

Master ID #:

Sex:

Date of birth:

Name:

Sibs:

Age:

Consanguinity:

Date of Registration:

SES:

- Chief Complaints:

Address:

H/O Present Illness:

Birth history:

- Antenatal:

- Natal:

- Neonatal:

Drug history:

Immunization:

Milestones of Development:

Past history/illnesses:

Family history:

Feeding history':

On observation:

General Examination (if relevant)

Weight:

Height:

OFC:

Cognition:

Speech:

Behavior:

Hearing:

Vision:

Primitive reflex:

Motor Function:

G.M:

Oromotor function

F.M:

Tone:

Seizures:

Reflexes:

Socialization :

- Eye contact -
- Responsive social smile -
- Facial expression -
- Body posture & gesture -
- Peer relationship -
- Response to other peoples emotion -
- Sharing of own enjoyment -
- Joint attention -

Communication :

- Pointing -
- Showing -
- Giving -
- Asking -
- Requesting -
- Use of others body to communication -
- Conversation -

Behaviour :

- Pattern of play -
- Stereoty ped behavior -
- Hand/body mannerism -
- Restricted interest -
- Sensory interest -

Consensus between Physician and Psychologist -

Diagnosis:

Plan of Management:

Physician

Psychologist

Therapist