**CASE RECORD FORM**

* Pateint’s name:
* Age: Sex: Male / Female
* Address:
* Contact number:
* Fathers’ age: Mother’s age:
* Parents’ education and job:
* Height: Weight: Head circumference:
* Hobby (patient’s):
* Age of onset of symptoms:
* Presenting symptoms at that time (why did you seek medical advice):
* Birth details: Normal delivery / Caesarean section, Preterm/Term, birth weight:

*Cried immediately after birth*: yes / no, *NICU stay*: yes / no

* Schooling details: *Type*: Mainstream / special school, *Board*: CBSE / ICSE / IGCSE / NIOS, *Class:*
* Any past illness/hospital admissions:
* Associated co-morbities (medical illness):
* Any related tests/evaluation done (IQ/DQ, MRI/CT brain etc) (kindly attach copy of reports)
* Therapy taken/on going: Occupational therapy/ Speech therapy/ Behavioural therapy
* Age at which therapy started:
* On any medication: Yes / No If yes, details:
* Any hyperactivity noticed: Yes / No
* Reports of the following investigations should preferably be available on the day of appointment (kindly attach xerox of these reports if done previously)

1. Thyroid function tests (serum free T3, T4, TSH) (done at college building 4th floor room

No. 19, department of endocrinology)

1. Serum vitamin D3 (done at college building 4th floor room no. 19, dept of endocrinology)
2. EEG (mandatory)
3. MRI (if done earlier)

***For* *lab assistance of above tests at B.Y.L NAIR hospital kindly contact sms 9869405747***

Appointment details:

* Date:
* Time:

Important instructions:

* Kindly bring one pass port size photo of the patient on the day of appointment
* Report at 1030 am on the day of appointment in room number 99 at OPD 9, with OPD 9 case paper.
* Kindly get all old reports and files (of previously visited doctors) of the patient
* Kindly get this case record form duly filled and required blood investigations done.