

Crossinology: Brain Integration Technique

Medical History

The following questions are part of the background necessary to evaluate your child's learning problems. A number of factors involved with the prenatal, birth and early postnatal periods are sometimes associated with learning difficulties in school aged children. Please fill in the following questionnaire, ticking where necessary the record of your child's development. If an item requires comment or if a ticked item asks for comment, please give a brief, concise comment on that item as it relates to your child's development.

1. Please briefly indicate if any of the listed items below apply to your child and note any that are not included in this list. We are interested in your child's prenatal period, including both any problems in your child's development and/or any problems with the mother during the pregnancy.

Mother:

___ Sickness of any kind. Describe _____

___ Viruses. Describe _____

___ Toxaemia/Preeclampsia. Describe _____

___ Accidents e.g falls etc. Describe _____

___ Anything requiring medical attention of any kind during or as a result of pregnancy or birth. Describe _____

___ Any drugs taken, prescribed or otherwise. Describe _____

Other. Describe _____

Child's birth:

How long was the labour? _____

Any drugs used during labour? _____

Was there any difficulty in the birthing process? (e.g. cord around neck, posterior presentation, foetal distress, forceps):

Oxygen problems at birth, baby bluish or cord around neck? _____

Foetal distress at birth? _____

Caesarean? _____ Any problems? _____

Was the delivery very rapid? _____

Forceps used? If Yes, do you know whether they were: High-Forceps _____;

Mid-Forceps _____; or Low-Forceps _____. (The location of the marks or kaput on the head immediately after birth indicate which: High- above ears; Mid- at level of ears; Low- below ears.)

Was your baby removed for a period before presentation to you? If yes, for how long? _____

Was there a period of extended separation, e.g. premature? _____

Any time spent in humidicrib? _____ If yes, why and how long? _____

Any other difficulty involved with the birth, or immediate post-natal period?

Medical treatment of any kind needed? _____

Any other problems? _____

2. Was your child breast fed/nursed? If so, for how long? _____

3. Has your child suffered any serious childhood diseases, had any operations, or other medical problems. Please describe briefly? _____

4. Has your child ever had fluid in the inner ears? _____ If so, were tubes required? _____

5. Does your child have any allergies that you are aware of? (check)

____ Pollen

____ House dust, house dust mite

____ Food colourings, dyes or preservatives? Which ones? _____

____ Chemicals e.g. petrol fumes, perfumes, cigarette smoke? Which ones? _____

____ Any allergies or intolerances of any foods? Which ones? _____

6. Does your child suffer from Asthma? _____ Taking medication for it? _____

Which and how often? _____

7. Taking medication of any kind for any reason? _____ Which and for what conditions? _____

8. Has your child ever been knocked unconscious? _____ If yes, for how long and under what circumstances? _____

9. Has your child ever had an epileptic fit? _____ If yes, describe _____

10. Has your child ever had whiplash? _____ If yes, describe:

12. Has your child ever suffered Febrile Seizures (high temperature induced fits or seizures), especially between 18 months and 3 years? _____ If yes, give brief description _____

13. When did your child start to crawl? _____. Did they crawl normally, that is opposite hand and knee, or did they tend to scoot along on their bums or drag/extend one leg? _____

How long did they crawl? _____

Did they just go from sitting or holding on to things to walking with little crawling? _____

12. When did your child start talking? _____

When did your child start saying:

First words? _____

First short sentences? _____

Was there any verbal language delay? _____. If so, how long? _____.

14. Any other facts or information regarding your child that you feel are relevant!
