



**NATIONAL INSTITUTE FOR EMPOWERMENT OF
PERSONS WITH MULTIPLE DISABILITIES
(DIVYANGJAN – NIEPMD)**
(Ministry of Social Justice & Empowerment, Govt. of India)
ECR, Muttukadu, Kovalam(Post), Chennai - 603 112

INCOME SLAB – I / II / III

CLIENT RECORD

Photo of the
Client

SECTION I:

IDENTIFICATION DATA

Name : _____ Date : _____

DOB / Age : _____ Reg. No : _____

Gender : _____ Ref. by : _____

Caste : _____ SC / ST / OBC / GC _____ Aadhar Number: _____

Informant : _____

SECTION II:

DEMOGRAPHIC DATA

Father: _____ Education / occupation: _____

Mother: _____ Education / occupation: _____

Age of the father: _____ Age of the mother: _____

Mailing address: _____

_____ Pin _____
State _____

Email id : _____

Mobile Number: _____ Phone NO:

Religion , Language of communication:

Monthly Income: _____ Locality:

SECTION III:

Presenting Complaints:

SECTION IV:

History (Prenatal, Natal, Post Natal)

Prenatal

Antenatal checkup ()

Illness ()

Bleeding ()

Hypertension ()

Irradiation ()

Medication ()

Diabetes ()

Trauma ()

Abortion ()

Any other significant complications being reported

Natal

Labor: Normal/prolonged

Delivery: Hospital/Home

Normal/Caesarian/Forceps

Birth cry: Normal/ Delayed

Birth Weight: _____

Activity of the baby _____

Congenital anomalies (if any)

Post natal

NICU stay () Convulsions () Jaundice ()

Infection () Trauma () Physical deformity: Yes /No

Sensory Impairment: Vision / Hearing / Others

Immunization History: BCG () Polio () DPT ()

Measles () MMR ()

Age at which the problem was identified:

Previous consultation or treatment undertaken:

Family History

Type of family: Nuclear/ Non – Nuclear

Status of family: Intact/ Broken

No. of persons in the family: Consanguinity: Yes / No

Home environment

Accommodation: _____ No. of Rooms: _____ Ownership _____

Attitude of the neighbors: _____

Health of the Family members? _____

Socio – Economic status of the Family

Any significant family problems:

PEDIGREE CHART

DEVELOPMENTAL HISTORY

Milestones	Normal Age Range	Age at which attained
Smiles at others	(1 – 4 months)	
Head Control	(2 – 4 months)	
Sitting	(5 – 10 months)	
Walking	(9-14 months)	
First Words	(7 -12 months)	
Two word phrases	(16 -30 months)	
Toilet control	(3 – 4 years)	

Does the client has any seizure : Yes / No

If yes, then whether on Medications : Yes / No

REASON FOR THE CONDITION OF THE AS PERCEIVED BY THE INFORMANT:

EXPECTATIONS

SCHOOL HISTORY

Whether attending / not attending Normal / Special / Integrated / Inclusive school

If attending Normal / Special / Integrated / Inclusive school / then, Name of the school and the present class _____ whether passed or failed in the class

Problems _____ in _____ school:

Scholastic backwardness: _____

History of Aids and appliances used (If any): _____

SECTION V:

SPECIAL EDUCATION ASSESSMENT

Motor skills

Gross Motor: -----

Fine Motor: -----

Sensory Skills: -----

Self Help Skills

Eating : ----- Drinking : -----

Dressing : ----- Bathing : -----

Toileting : ----- Brushing : -----

Grooming Skills : -----

Communication Skills

Concept Skills

Academic Skills

Socialization Skills

Vocational Skills

Functional Level

SECTION VI:

MEDICAL EXAMINATION

Height : ----- Weight : ----- Head Circumference: -----

BMI : -----

History of Presenting Illness :

History of Treatment undertaken:

General Appearance:

CVS

R.s

Abdomen

CNS

Visual

Auditory

Motor

	Tone	Power	Muscle Wasting	Co-ordination	Abnormal involuntary Movement
RUL					
LUL					
RLL					
LLL					

GAIT:

INVESTIGARIONS AVAILABLE:

ON MEDICATIONS:

ANY OTHER INFORMATION:

MEDICAL DIAGNOSIS:

DISABILITY:

TREATMENT PLAN:

REFERRAL:

SECTION VIII

INTELLECTUAL / PSYCHOLOGICAL ASSEMENT

General Behavior during the assessment: -----

Attention & Concentration : -----

Activity Level : -----

Comprehension : -----

Emotionality & Behavior : -----

Relationship within/outside family (significant stressors) :

Psychological tests uses (please tick):

DST () VSMS () GDS () GDT ()
SFB () MISIC () BKT () Any other ()

Result :

DA ----- SA ----- MA -----
DQ ----- SQ ----- IQ -----

Any other Information : -----

Further testing (if required) : -----

Intellectual Level : -----

Provisional Diagnosis:

Management Plan:

Referrals:

Signatures

1. Services & Programs / Social Worker: -----

2. Special Education: -----

3. Medical: -----

4. Clinical Psychology: -----
