

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, checking where necessary the record of your child's development. If an item requires comment or if a checked 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 pregnancy.

Was the pregnancy planned? _____ .

Mother:

- Sickness of any kind. Describe _____ .
- Viruses. Describe _____ .
- Toxemia/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 labor? _____ .
- Any drugs used during labor? _____ .
- Was there any difficulty in the birthing process? (e.g. cord around neck, posterior presentation, fetal distress, forceps): _____ .
- Oxygen problems at birth, baby bluish or cord around neck? _____ .
- Fetal distress at birth? _____ .

Caesarian? _____ . 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 on the head
immediately after birth indicates 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 incubator? _____ 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 breastfed/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 “glue ear”? _____ If so, were tubes required? _____ .

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

- Pollen
- House dust, house dust mites
- Food colorings, 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 whiplash? _____ If yes, describe: _____

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

11. 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:

12. 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?

_____.

13. When did your child start talking? _____

When did your child start talking:

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!

