

# THAILAND SPECIAL NEEDS PROJECT MEDICAL CHECKLIST

**INSTRUCTION:** This form is a tool to help gain a better insight and understanding into openness to a child's needs. The needs range from insignificant to moderate to major challenges. Please check your appropriate response.

**BIRTH CONDITIONS:**

	Yes	Maybe	No
Low birth weight			
Jaundice, mild			
moderate			
Multiple birth defects			
Cleft lip			
Cleft palate			
Cleft lip & palate			
Premature birth			
less than 30 weeks			
more than 30 weeks			
Respiratory distress syndrome			
Congenital Heart Disease			

**BLOOD:**

HIV			
Anemia			
Hemophilia			
Thalassemia minor			
Thalassemia major			
Other problems			

**CENTRAL NERVOUS SYSTEM:**

Cerebral palsy			
Mild/moderate			
Moderate			
Hydrocephalus			
Microcephalus			
Meningitis history			

**DEVELOPMENTAL:**

Developmental delay, minor			
Developmental delay, major			
Developmental delay, global			
Down's syndrome			
Autism			
Fetal Alcohol Syndrom			
Hyperactivity (ADHD)			
Learning Disability			
Low IQ			
Suspected or IQ above 80			
IQ below 80			
Delayed speech			

**RESPIRATORY:**

Asthma			
Reactive Airway Disease			

**SEIZURES:**

Associated with fever			
Controlled			
Uncontrolled			

**SKIN CONDITIONS:**

Birthmark - not visible			
Birthmark - visible			
Fungus			
Nits/lice/scabies			
Burns needing surgery			
arm / leg / trunk			
Face			

**EMOTIONAL:**

	Yes	Maybe	No
Phobia			
Past experiences:			
Physical abuse			
Sexual abuse			
Neglect			
Anxiety			
Other known trauma			

**FAMILY BACKGROUND:**

Incest, nuclear family			
Incest, extended family			
Mental illness			
Low IQ			
Schizophrenia			
Substance abuse			

**GENITO-URINARY:**

Kidney malfunction			
Genital malformation, may need surgery			
Urinary incontinence			

**HEARING:**

Otitis media			
Deaf, no speech			
Deaf, with speech			

**ORTHOPEDIC:**

Club foot			
Hip dislocation			
Partial or missing:			
finger or toes			
hand or foot			
arm or leg			
Small stature			
Webbed fingers/toes			

**VISION:**

Crossed eyes			
Loss of sight, 1 eye			
No sight			

**DIGESTIVE DISORDER**

Type: \_\_\_\_\_

**HEART COMPLICATIONS**

Type: \_\_\_\_\_

**OTHER CONDITIONS:**

Traumatic brain injury			
Cancer			
Parasites			
Progressive illness			
Undefined			
Malnutrition			