

Appendix D

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 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 the pregnancy.

Was the pregnancy planned? _____.

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? _____.

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 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 breastfed/nursed? Is 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 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!

