**Welcome Cure - Case Record Form – for children**

**PATIENT DETAILS:** معلومات المريض:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_الاسم

Date of Birth :\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: M / F----C\_\_\_\_\_\_\_\_

تاريخ الميلاد: \_\_\_\_\_/\_\_\_\_/\_\_\_/\_\_\_ العمر:\_\_\_\_\_\_ الجنس: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

:Qualification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_الموءهلات:

Predominant Diet: Vegetarian:\_\_\_\_\_ Non-Vegetarian: \_\_\_\_\_Mixed: \_\_\_\_\_Eggetarian: \_\_\_\_

النظام الغذائي السائد: نباتي: \_\_\_\_\_\_\_\_\_\_\_\_\_\_غير نباتي: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ مختلط:­­­­\_\_\_\_\_\_\_\_\_\_\_\_ Father’s/ Guardians Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_اسم الاب/ اسم ولي الامر:

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_المهنة:\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_اسم الام: Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_المهنة:\_\_\_\_\_\_\_\_

Number of Siblings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_عدد الاخوان و الاخوات:

Name and Age of Sibling(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_أسم وعمر الخوان والاخوات: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_العنوان: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ المدينة: Pincode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ الرقم السري:

Phone Number/ Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

رقم الهاتف/ رقم الخلوي: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_البريد الالكتروني:

**CASE DETAILS**  تفاصيل الحالة

Base Panel Doctor Assigned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ الطبيب المعين :

Expert Doctor Selected:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ الطبيب المختار لهذه الحالة:

**Ask for Xerox copies of all evaluation reports of all organization till date, Psychologist**

**report, social workers report, psychiatrist report. Keep the track of any medications,**

**ask for history of epilepsy / cleft palate / genetic defect or similar clinical condition**

**in family members.**

طلب نسخ زيروكس من جميع تقارير التقييم من جميع المنظمات حتى الآن، تقرير علم النفس، تقرير الأخصائيين الاجتماعيين، تقرير الطبيب النفسي. الحفاظ على المسار من أي أدوية، وطلب تاريخ الصرع / الحنك المشقوق / عيب وراثي أو حالة سريرية مماثلة في أفراد الأسرة.

**Chief Complaint:-** الشكوى الرئيسية**:**

Mention the Present Complaint of the child in Detail? Please find out ailments from especially ask the history – was there any trouble during pregnancy? Any conflict, any tension or this could be asked when the repo is established and the family feels free in communicating.

أذكر الشكوى الحالية للطفل بالتفصيل؟ يرجى معرفة الأمراض و خصوصا التاريخ - هل كان هناك أي مشكلة أثناء الحمل؟ أي نزاع، أي توتر أو هذا يمكن أن يطلب عندما يتم تأسيس الريبو والأسرة يشعر بحرية في التواصل.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Duration of Complaint (Since how long the child is suffering**)

**مدة الشكوى ( منذ متى يعاني الطفل)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**When was it diagnosed and how?**

متى تم تشخيصه وكيف؟

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any Treatment taken? (mention if any)**

**هل اعطي العلاج؟ (الرجاء الذكر ان وجد):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What behavioral changes did you notice?**

ما هي التغييرات السلوكية التي لاحظتها؟

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Any Particular cause known?**

أي سبب خاص معروف؟

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Associated Complaints:-** الشكاوي المرتبطة:

Mention any other associated complaints, in detail, if any.(eg: Cold & cough, fever, epilepsy, stomach complaints etc)

أذكر أي شكاوى أخرى ذات صلة، بالتفصيل، إن وجدت (على سبيل المثال: البرد والسعال والحمى والصرع والشكاوى المعدة وغيرها)

1)Area affected: Location, extension, direction of spread, the march of events

1) المنطقة المتضررة: الموقع، التمديد، اتجاه الانتشار، وتغير الأحداث:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Since how long\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_منذ متى:

Sensation experienced in the area of trouble\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_الاحساس المرافق في المنطقة المصابة

Conditions that worsen the trouble\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

الظروف التي تفاقم المشكلة:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

those which make it better\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_والظروف التي جعلته افضل

Progress of the complaint\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_التقدم المحرز في الشكوى

Other troubles experienced at the same time along with the main trouble, for example...perspiration/nausea /vomiting /gas/with pains

مشاكل أخرى واجهت في نفس الوقت جنبا إلى جنب مع المتاعب الرئيسية، على سبيل المثال ... العرق / الغثيان / القيء / الغاز / مع آلام : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any other Complaint? (**Complete the symptom in Location, sensation, modalities and concomitant

أي شكوى أخرى؟ (أكمل الأعراض في الموقع المصاب، والإحساس وما يصاحب ذلك):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any other Complaint? (**Complete the symptom in Location, sensation, modalities and concomitant

أي شكوى أخرى؟ (أكمل الأعراض في الموقع المصاب، والإحساس وما يصاحب ذلك):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Past History:-**  الامراض السابقة**:**

Give a detailed description of the various illnesses that your child has suffered in the past. Also describe the type of treatment taken and the response of these illnesses to medication**.**

(eg. Chickenpox, Measles, Mumps, Typhoid, Malaria, Jaundice, Tuberculosis, Tonsillitis, skin complaints or any other clinical condition, Injuries, if any.)

قدم وصفا تفصيليا للأمراض المختلفة التي عانى منها طفلك في الماضي. أيضا وصف نوع العلاج الذي تم تناوله واستجابة هذه الأمراض للدواء.

(مثل الجدري، الحصبة، النكاف، التيفوئيد، الملاريا، اليرقان، السل، التهاب اللوزتين، شكاوى الجلد أو أي حالة سريرية أخرى، الإصابات، إن وجدت.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgical History:- Any surgeries the child has undergone and any complications after surgeries if any.

التاريخ الجراحي: - أي عمليات جراحية قد خضع لها الطفل وأي مضاعفات بعد العمليات الجراحية إن وجدت.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospitalization History:- Please mention if your child was hospitalized for any disease/surgeries/injuries.

تاريخ الاستشفاء: - يرجى ذكر ما إذا كان طفلك قد أدخل المستشفى لأي مرض / جراحات / إصابات

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication History:- **تاريخ المعالجة الطبية:**

Please mention all the medication, that your child has taken or is undergoing or any sessions or any therapies (speech/occupational therapy, behavior therapy, play therapy etc).

يرجى ذكر جميع الأدوية التي اتخذها طفلك أو يخضع لها أو أي جلسات أو أي علاجات (الكلام / العلاج المهني، والعلاج السلوكي، وعلاج اللعب وغيرها).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family History:-** تاريخ العائلة:

History of any major illnesses in the family (eg; Diabetes, Hypertension, Heart complaints, cancer, Tuberculosis, psychiatric illnesses, Respiratory complaints, allergy)

Just find out if there is similar history – as of patients with Parents, Siblings, Grandparents (maternal and paternal), Cousins etc **:-**

تاريخ أي مرض رئيسي في الأسرة (مثل السكري وارتفاع ضغط الدم والشكاوى القلب والسرطان والسل والأمراض النفسية والشكاوى التنفسية والحساسية)

فقط معرفة ما إذا كان هناك تاريخ مماثل - بين المرضى و الآباء والأمهات والأشقاء والأجداد (الأم والأب)، وأبناء العم الخ: -

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth** **History:- (Please re – confirm the exactness) تاريخ الميلاد: - (يرجى الاعادة للتاكيد):**

Birth wt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ الوزن عند الولادة:\_\_\_\_

1. teething(1st tooth) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_التسنين(السن الاول):
2. Sitting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ متى جلس :
3. Walking\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ متى مشى:
4. Talking(1st clear word? eg. Mama, papa, dada)

متى كانت اول كلمة واضحة قالها: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was it a planned or an unplanned child?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_هل كان الحمل مخطط له ام لا:

If unplanned child then did mother wanted to continue with the pregnancy or wanted to abort and her reaction ?

إذا كان الطفل غير مخطط له فهل أرادت الأم أن تستمر في الحمل أم أرادت إجهاض ورد فعلها؟

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was it a normal delivery or a Caesarean Section? If caesarean then what was the reason?

هل كانت الولادة طبيعية أم عملية قيصرية؟ إذا كانت قيصرية فما هو السبب؟

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Did mother of the child suffer from any disease or was detected with any disease during pregnancy?

هل تعاني أم الطفل من أي مرض أو تم الكشف عن اي مرض أثناء الحمل؟

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Did mother have any mental stress during pregnancy? (please mention the details regarding stress, her reaction towards the stressful situation, if any)

هل عانت الأم من أي إجهاد نفسي أثناء الحمل؟ (يرجى ذكر التفاصيل المتعلقة بالضغط، رد فعلها نحو الوضع المجهدة، إن وجدت)

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Did the child have jaundice at birth? Or did the child suffer from any other problem after birth? هل كان لدى الطفل اليرقان عند الولادة؟ او هل عانى الطفل من أي مشكلة أخرى بعد الولادة؟ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the child very hairy at birth? (Please collect the childhood photographs if possible

هل كان الطفل مشعر جدا عند الوالدة؟ (يرجى جمع صور الطفولة إن أمكن):

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Please mention the details of vaccine given and if suffered from any side effects from it? Did the trouble start after vaccination and which one?

يرجى ذكر تفاصيل اللقاح المعطى وإذا عانى من أي آثار جانبية منه؟ هل بدأت المشكلة بعد التطعيم وأيها؟

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Is there drooling/salivation at night when the child sleeps?

هل هناك سيلان للعاب / ريالة في الليل اثناء النوم؟

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**Very Important points: نقاط هامة جدا:**

1] **Pica:** Habit of eating chalk, Mud, licking walls, stool, pen, pencil, rubber? (Craving for indigestible things) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2] **Sleep position & sleep habits- position**(eg sideways, on abdomen, knee, chest) (Draw the position in which the child sleeps) & does the child have habit of teeth grinding ,talking, walking, bedwetting?

2] وضع النوم وعادات النوم (على سبيل المثال، على جانبي، على البطن ,الركبة والصدر) (رسم الوضعية التي ينام فيهاالطفل) و هل الطفل لديةعادة طحن الاسنان اثناء النوم، والحديث، والمشي، والتبول اللاإرادي؟

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3] **Travelling sickness**- nausea or vomiting while travelling?مرض غثيان أو قيء أثناء السفر؟ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4] **Fear**-eg. Fear of animals, fear of water, fear of dark, fear of heights etc or any other fear the child has?

4] الخوف - على سبيل المثال. الخوف من الحيوانات والخوف من الماء والخوف من الظلام والخوف من مرتفعات الخ أو أي خوف آخر لدى الطفل؟

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5] **Confusion**-Does the child have confusion and has no sense of road, height, is the child confused? and runs without understanding?

5] الارتباك - هل الطفل لديه الارتباك وليس لديه شعور الطريق، الارتفاع، هو الطفل الخلط؟ ويعمل دون فهم؟

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6] **Habits**-eg nail biting, thumb sucking, shaking legs or any other habit if the child has?

6) العادات - على سبيل المثال عض الأظافر، مص الإبهام، هز الساقين أو أي عادة أخرى إذا وجدت؟

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**Mentals: العقلية:**

Behavior as a kid? السلوك كطفل:

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Violence: Towards self and towards others, Hitting, Pinching, Biting, Throwing?

العنف: نحو الذات ونحو الآخرين، ضرب، قرص ، عض، رمي؟

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relations with parents and siblings?

العلاقات مع أولياء الأمور والأخوة؟

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Behavior of child at home or at social gathering or when travelling out?

سلوك الطفل في المنزل أو في التجمع الاجتماعي أو عند السفر؟

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child mixes up with other children of his age?

هل يختلط الطفل مع الأطفال الآخرين في سنه؟

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Does the child make eye contact? هل يقوم الطفل بالنظر مباشرة بالعين؟ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child make friends? هل يستطيع ان يكون صداقة؟

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Is child comfortable sharing his toys or things? Is he/she possessive or generous?

هل يكون الطفل مرتاح اذا شارك العابة مع الاطفال الاخرين: هل الطفل كريم ام متملك؟

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child play with the same toy or keeps on asking for new one?

هل يلعب الطفل في نفس اللعبة أو يطلب واحد جديد؟

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the child obstinate/ Moody? هل الطفل عنيد ام متقلب المزاج؟

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Is the child able to express his needs and feelings?

هل الطفل قادرا على التعبير عن احتياجاته ومشاعره؟

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Understanding ? can the child understand the routine work?

الفهم ؟هل يمكن للطفل فهم العمل الروتيني؟

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child follow command? هل يتبع الطفل الاوامر؟ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can the child concentrate? هل يمكن للطفل التركيز؟

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هل يعمل الطفل بشكل مستقل أو يعتمد على الآخرين؟

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Is the child active in his work or lazy, does it on time (punctual or postpones it)?

هل الطفل نشط في عمله أم كسول، هل يفعل ذلك في الوقت المحدد (في الموعد المحدد أو يؤجله)؟

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Reaction to music, dancing, rhythmic or arrhythmic? Does the child starts dancing immediately as soon as the music starts?

رد فعل على الموسيقى، الرقص، الإيقاعي أو عدم انتظام ضربات القلب؟ هل يبدأ الطفل بالرقص فورا بمجرد بدء الموسيقى؟

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much of cleanliness does the child like? كم من النظافة يفضل الطفل؟ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child have habit of making different noise or habit of staring at things or have habit of imitating people or habit of looking at moving objects like fan, cars etc.?

هل من عادة الطفل اصدار اصوات مختلفة او التحديق بالاشياء اوتقليد الاشخاص او النظر الى الاشياء المتحركة مثل المروحة, السيارات، الخ؟

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sensitivity to any particular thing (eg.Noise/ Light, touch, looked at etc)?

هل الطفل لدية حساسية لأي شيء معين (على سبيل المثال.الصوت / الضوء، اللمس، النظرات الخ)؟

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Is the child hyperactive/restless/destructive?

هل الطفل مفرط النشاط / لا يهدأ / يدمر؟

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How does the child react when gets excited? (eg clapping, jumping, touches things, breaks things)?

كيف يتفاعل الطفل عندما يكون متحمسا؟ (مثل التصفيق، والقفز، لمس الأشياء، تكسر الأشياء)؟

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What things makes the child angry? How does the child react when gets angry? (eg shouts, screams, hits people, breaks or throws things, bites)?

ما هي الأشياء التي تجعل الطفل غاضبا؟ كيف يتفاعل الطفل عندما يغضب؟ (مثل الصياح، الصراخ، الضرب، اللدغ أو يلقي الأشياء)؟

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child cry easily? Cries in front of everyone or when alone?

هل يبكي الطفل بسهولة؟ يبكي أمام الجميع أو عندما يكون وحده؟

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Consolation – likes it or dislikes? المواسة: هل يحب ان يتواسة ام لا؟

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Is child revengeful in nature?(if someone hits him/her then will hit them back)?

هل الطفل انتقامي في طبيعته؟ (إذا ضربة احد يقوم بالضرب)؟

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Is the child jealous in nature? ( eg sibling jealousy or any other)?

هل الطفل غيور في طبيعته؟ (مثل الغيرة من الأشقاء أو أي شيء آخر)؟

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Does the child has repetitive behavior ?( eg repeats words, actions)?

هل الطفل لديه سلوك متكرر؟ (على سبيل المثال يكرر الكلمات والأفعال)؟

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What does the child enjoy doing or what hobbies ? ( eg singing,dancing,travelling out)

ماذا يتمتع الطفل بفعله أو ما هي الهوايات؟ (مثل الغناء والرقص والسفر)؟

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Does the child like company or wants to be alone?

هل يحب الطفل ان يكون مع الاخرين أم يريد أن يكون وحده؟

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Does the child have habit of kissing and hugging everyone?

هل للطفل عادة تقبيل ومعانق الجميع؟

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Does the child have habit of playing with his private parts or wants to be naked all the time? Or does he have erections?

هل معتاد الطفل باللعب بأجزاءه الخاصة أو يريد أن يكون عاريا طوال الوقت؟ أو هل لديه الانتصاب؟

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the child religious?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_هل الطفل متدين؟

Is the child talkative/Curious(keeps on asking questions)?

هل الطفل يتحدث كثيرا/ فضول (يطرح الأسئلة)؟

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child have habit of laughing unnecessarily/ laughing loudly?

هل للطفل عادة الضحك بلا داع / يضحك بصوت عال؟

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Habit of Clinging to mother or any object?

عادة التمسك بالأم أو بأي شيء اخر؟

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**Nature of Child in Brief/ Additional points: Anger, Irritability, Anxiety, Love, Hate, Jealousy, Suspicial, Fear, Fright – Describe them at length:**

طبيعة الطفل باختصار / نقاط إضافية: الغضب، التهيج، القلق،الحب، الكراهية، الغيرة، الخوف : الرجاء وصف بالتفاصيل:

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**Physical Generals:-** معلومات جسدية عامة:

1.Appetite:-can tolerate hunger or cannot, has the appetite increased or there is loss of appetite

1.القابلية للاكل: تحمل الجوع أو لا يمكن، لديه زيادة الشهية أو هناك فقدان الشهية؟

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1. How long the child was breastfeed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ كم من المدة تم ارضاع الطفل؟
2. Easy satiety?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_هل يشبع بسرعة؟
3. What age he independently started eating?

في اي عمراستطاع الطفل ان ياكل لوحدة ؟

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2.Thirst:-Amount of water consumed by child in a day ? How much at a time (sips or large quantity)? Prefers water at room temperature or hot or cold?

2.كمية العطش: كم من الماء المستهلكة من قبل الطفل في اليوم الواحد؟ كم في كل مرة (رشفة أو كمية كبيرة)؟هل يفضل الماء في درجة حرارة الغرفة أم ساخنة أم باردة؟

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3.Urine-How many times passes urine? Color of the urine? Any difficulty in passing urine? Any smell from urine? Any issues related to urination or urine? Bed wetting and control over bladder, Any itching, burning or abnormal sensation?

3.التبول: كم مرة يقوم الطفل بالتبول؟ لون البول؟ أي صعوبة في تمرير البول؟ أي رائحة من البول؟ أي مشاكل تتعلق بالتبول أو البول؟ التبولاثناء النوم والسيطرة على المثانة، أي حكة، حرق أو شعور غير طبيعي؟

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4. Stools- How many times passes motions? Are bowel movements regular? Any difficulty while passing motions? Any peculiar smell? Is there blood or mucus while passing stools? Constipation or loose motion problem? Potty training?

4. البراز- كم مرة يقوم الطفل بالبراز؟ هل تحركات الأمعاء منتظمة؟ أي صعوبة أثناء تمرير البراز؟ أي رائحة غريبة؟ هل هناك دم أو مخاط أثناء تمرير البراز؟هل هناك امساك أو مشكلة حركة فضفاضة؟ تدريب قعادة؟

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5. Craving- what type of food or taste the child like particularly?(eg salty, sweet, spicy, sour, fish, eggs, milk)( Habit of adding extra salt to food, or must have sweets after meals, sucking ice.) Does the child smell food before eating?

5. التشهي - ما هو نوع الطعام أو الطعم الذي يحبه الطفل (مثل المالحة والحلو والحار والحامض والأسماك والبيض والحليب) (هل يفضل إضافة الملح إلى الطعام، أو يجب أن يتناول الحلويات بعد وجبات الطعام، او يحب مص الثلج. ) هل يشم رائحة الطعام قبل الأكل؟

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6. Aversion: Which foods/ drinks/types of taste does the child dislike? e.g. spinach, pickles, sour foods, cold drinks etc. Give an intensity as to much the child dislikes them. eg. aversion to fish

6. النفور: أي الأطعمة / المشروبات / اوأنواع الاذوق التي يكرهها الطفل؟ مثلا السبانخ، المخللات، الأطعمة الحامضة، المشروبات الباردة الخ إعطاء تفصيل على سبيل المثال. نفور الأسماك؟

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7. Allergy: Any food that doesn’t agree? Or any other allergy to metals or medications?

7. الحساسية: أي طعام تسبب له الحساسية؟ أو أي حساسية أخرى للمعادن أو الأدوية؟

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8. Perspiration: How much does the child perspire, scanty, moderate or profuse?

8. العرق: كمية تعرق الطفل، خفيفة، معتدلة أم غزيرة؟

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(Perspiration is more on which part of the body (scalp (head), palms, soles, forehead, left or right etc.) Does it have any particular smell or leave behind a stain (difficult to wash)?

ما هواكثر جزء من الجسم يتعرق منه الطفل (فروة الرأس (الرأس)، كفة اليد، اسفل القدم، الجبين، اليسار ام اليمين الخ) هل لديها أي رائحة معينة أو ترك وراءه بقع(من الصعب غسلها)؟

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Does it occur at any particular time or any particular activity (eg. Perspiration while eating)?

هل يحدث التعرق في أي وقت معين أو أي نشاط معين (مثل أثناء تناول الطعام)؟

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Is the perspiration cold or hot?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is it on one side?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

هل العرق بارد أو حار؟ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ هل هو على جانب واحد؟ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Sleep: How many hours does the child sleep? Does the child feel fresh when he/she wakes up? Does the child get up suddenly because of fear or does he cry once he gets up?

9. النوم: كم ساعة ينام الطفل؟ هل يشعر الطفل بالحيوية عندما يستيقظ؟ هل يستيقظ فجأة بسبب الخوف أم يبكي ؟

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Dreams-mention dreams if any?رجى ذكر احلام الطفل ان وجدت؟ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Tight Clothing:- Is the child comfortable or uncomfortable wearing tight clothes?

10. الملابس ضيقة: - هل الطفل يرتاح أو لا يرتاح عندما يرتدي ملابس ضيقة؟

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11.Thermal:- 11. الحرارة:-

Season: In which the child is more comfortable. (Summer/ winter/ Rainy(?

الموسم: في اي من المواسم يكون فيه الطفل أكثر راحة. (الصيف / الشتاء / الأمطار)؟

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Bathing: Hot/ Luke warm/ cold (summer& winters)?

الاستحمام: الماء حار / الماء الدافئ/ الماء البارد (في الصيف والشتاء)؟ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fan/ Ac: comfortable/ uncomfortable? هل يحب المروحة او المكيف الكهربائي ؟

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Covering: Likes covering or Uncovering. Feet covered or uncovered?

التغطية: هل يفضل الطفل ان يتغطى أم ان يكشف. وأقدامة: مغطاة أم مكشوفة؟

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Sun: Any complaints (eg. Headache(?

الشمس: هل يحب ان يتعرض للشمس ام يشكو ( هل يتوجد صداع عند التعرض لها)؟

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Food: Prefers warm/ cold? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ الطعام: هل يفضل بارد ام فاتر؟

Tea/ Coffee/Drinks: Prefers Hot, warm or cold?

الشاي / القهوة / المشروبات: هل يفضلها حار، دافئ أو بارد؟

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**Menstrual History:- ( If Applicable) This is applicable only in grown up female so should be asked at the last**

تاريخ الحيض: - (إذا ينطبق) هذا ينطبق فقط على الإناث البالغين حتى ينبغي أن يسال في الاخير.

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1. Menarche?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ أ) الحيض؟
2. First day of last period?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ب) اليوم الاول من الطمث السابق؟\_\_\_\_\_
3. Regularity of cycle?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ج) انتضام الدورة الشهرية؟\_\_\_\_\_\_\_\_\_\_
4. How many days does the periods last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_د) كم يوم تستغرق الدورة الشهرية؟\_\_\_\_\_\_
5. Nature of bleeding? What is the color of the blood? Are there any clots? Are the stains difficult to wash off?

ه) طبيعة النزيف؟ ما هو لون الدم؟ هل هناك أي كتل دموية؟ هل البقع صعبة للغسل؟

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1. Any problem before, during and after menses?(eg. Irritability, pain in abdomen, heaviness of breast, weeping, swelling of body, headache etc.)

و) أي مشكلة قبل وأثناء وبعد الحيض؟ (مثل التهيج، ألم في البطن، ثقل الثدي، البكاء، تورم في الجسم، الصداع الخ(

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1. Before:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ قبل: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_During\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ خلال: After\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_بعد:\_\_\_\_\_\_

Any history of white discharge (leucorrhea) before, during, after periods? Are the stains easily washable or no? Any offensive smell from the menses or white discharge? Any investigation done pertaining to your gynecological problems, if present?

أي تاريخ من التفريغ الأبيض (ليوكورها) قبل وأثناء وبعد فترة الدورة الشهرية؟ هل البقع يمكن غسلها بسهولة أم لا؟ أي رائحة كريهه من الحيض أو التفريغ الأبيض؟ أي تحقيق تم إجراؤه يتعلق بمشاكل أمراض النساء الخاصة بك، إذا كان موجودا؟

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**ADDITIONAL INFORMATION**: **معلومات اضافية**:

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**Observations of the BPD: \*\* عن ملاحظات** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Examination of Patient**:

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**Video of child taken**: □Yes \_\_\_\_\_ □No\_\_\_\_\_

**Photo of child taken**: □Yes \_\_\_\_\_ □No\_\_\_\_\_

**Reports attached**: □Yes \_\_\_\_\_ □No\_\_\_\_\_

If yes, give a list of enclosed reports

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List of reports required or requested from parent

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**Repertorisation:** □Done\_\_\_\_\_\_\_\_\_\_ □Pending\_\_\_\_\_\_\_\_\_\_\_\_\_

Screen Shot/ Print attached: □Yes\_\_\_\_\_\_\_\_\_\_\_\_ □No\_\_\_\_\_\_\_\_\_\_\_\_

**D/D of Remedy with reasoning**:

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**Final prescription:**

Date:

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| Sr.No | Remedy with Potency | Repetition |
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For \_\_\_\_\_\_\_\_\_\_\_days/Months

**Medicine Kit:**

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**Follow up:-**

Date:

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**Guiding Questions to be asked**

1. What are your present complaints?
2. When and how did the complaints start?
3. When does the problem increase? What are the trigger factors?
4. What relieves your problems? What do you do to feel better except taking any medicine?
5. Any problem accompanied when you have the above complaint?
6. Describe other problems in detail. If any.
7. What diseases you have suffered from since childhood till now? (E.g. malaria, typhoid, jaundice etc) describe what treatment you took n when did it happen.
8. Does anyone in your maternal or paternal relatives have any major diseases? If yes mention.
9. How is your appetite?
10. How is your thirst? How much water you consume in a day? How much water you drink at a time?
11. Do you pass clear stools everyday? Is there any problem of constipation or loose motion? If yes describe in detail.
12. Did you ever have constipation as a child?
13. Do you pass clear urine everyday? Any urine infection. Describe.
14. How much do you sweat? Which parts of the body you sweat more? Does your sweat smell? Does your sweat leave any stains on the clothes? If yes which color?
15. Do you cover while sleeping, which part you cover even during summers?
16. What temperature water you bath with during summer and winter?
17. Can you sleep without fan?
18. Any problems with A/C?
19. Can you wear tight clothes? Anything around neck?
20. Any problem with Sun?
21. . You feel hot more/Cold more?
22. You can tolerate cold easily or heat easily?
23. How is your sleep, Do you wake up fresh in morning, if not why?
24. What position you sleep on, ever did you sleep on knees folded, bent forward like a frog/fetal position?
25. Do u remember any dream that occurred frequently in childhood?
26. Anything that you love eating, which taste you love? How do you find milk, raw onions, ice cream, and eggs?
27. Anything that you hate eating/drinking?
28. Any allergies/intolerance?
29. Did u ever have the habit of eating chalk,mud,sand,stones or anything inedible?
30. Any habit like drinking, smoking, biting nail etc.?
31. Any traveling sickness?
32. Your birth weight?
33. When did u start teething?
34. When did u start talking?
35. When did u start walking?
36. Did you have jaundice at birth?
37. Explain all events happened in childhood, good or bad, with your reactions about them?
38. How were you at studies?
39. Your relations with family then and now?
40. Any stress in childhood?
41. Happiest moment in life?
42. Saddest moment, How did u react and how long did you take to come out of it, do u still remember and brood over it?
43. Can you share and give away your things easily to others?
44. How much of cleanliness you like?
45. Are u revengeful?
46. Are you jealous?
47. You like spending money or saving money?
48. What fears you have now and as a child? Ever has any stage fear?
49. How easily you get angry, what makes you angry, how do u express your anger?
50. Do you get violent in anger, throw or break things or hit anyone?
51. How easily you cry, can u cry in front of others, How do you feel if someone consoles you?
52. How is your relation with your husband/wife, even sexual relations, and do u have sexual urge?
53. What is your biggest stress now?
54. Mention anything that is important in your life according to you?