**Application Format for the Treatment support of children with SMA**

1. General Information

Name :

Age :

Gender :

Date of Birth of child :

Age in years &Months :

Place of Birth & Name of :

Hospital where child born

Name of Father :

(ID proof to be attached) :

Name of Mother :

(ID proof to be attached) :

Present Address

Permanent Address :

PIN Code

Mobile Number1: …………………………………/ Mobile Number2:…….…………………….

Mail Id :

 (Residence Certificate to be attached from competent authority)

1. Diagnosis

**Whether molecular Diagnosis available : Yes / No**

**If yes, please attach a copy**

1. Clinical Status

**Date of onset of symptoms:**

**Frequency of serious respiratory illness in the past year(episodes per year)**

**Admissions requiring hospitalization in ICU, ventilator support if any, etc (details may be given)**

1. Family History

History of consanguinity :

Number of siblings :

Details of each child : Name :

 Age : DOB:

 History of similar illness:

(Name, Age, Date of Birth of child, Age in years & months, History of similar illness, if yes details)

1. Developmental Assessment report by the Paediatrician

**Gross Motor & Fine (whether upto the age or any delay with details of evaluation)**

**Social & Language Development (whether up to age or any delay with details of evaluation**

1. Deformities

**Report on any deformities already existing (Based on the assessment done by treating doctor)**

1. **Details of current Treatment**

(**Treatment report by the treating doctor may be attached )**

Signature of Parent