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 Number 1: Mobile Number 2:

(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 hospitalisation in ICU, ventilatory support if any, etc. (details may be given)

1. Family History

History of consanguinity :

Number of siblings:

Details of each child:

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

1. Developmental Assessment report by a Pediatrician

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

Social & Language Development (whether upto the 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