Dr. Dishanter Goel

M.B.B.S., M.D. (Psychiatry) K.G.M.C. (Lucknow) CONSULTANT NEUROPSYCHIATRIST Regn. No.: 047366

Specialist in : Child Psychiatry, De-addiction, Psychiatry Headache & Migraine, Geriatric Psychiatry, Sexology

A Centre For Complete Neuropsychiatric Solution A-82, गांधीनगर, प्रिंस रोड, वाजिद नगर के सामने, मुरादाबाद-24400

Phones: 0591-6536441 / 92588 3466

विशेषज्ञ: मानसिक रोग नशा उन्मूलन बाल मनोरोग व माइग्रेन सैक्स समस्याएं वृद्धावस्था मनोरोग Anviti

Age/Sex: 5 /2/f Address: 903-1/9/2001

1 3 MAY 2017 Date:

Prev. Prescription Date:

BP

Name:

Informant:

Wt. 21 4

Sleep

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Addiction

Past h/o

Adde trade com, Amola

Mr. Raghvendia Mani

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IA assessment
MAN 4.5-54r
IA - 80-85

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(Afomoretene)

6 + LA 150g

बृहस्पतिवार व रविवार शाम को क्लीनिक बन्द रहेगा

Facilities:

- EEG (दिमाग की नसों की जाँच)
- IQ Assessment (बुद्धि की जाँच)
- Personality Assessment (व्यक्तित्व की जाँच)
- Psychotherapy / Counselling (सभी प्रकार की काउंसिलिंग)
- Comprehensive Child Assessment (बच्चों की समस्त मानसिक बीमारियों की जाँच)
- पर्चा 7 दिनों में दो बार के लिए मान्य है।
- बिना सलाह के दवा न छोड़ें, जो लिखी गयी है उसी दवा का सेवन करें।
- डाक्टर साहब रविवार को सिर्फ सुबह 10-2 बजे तक मिलते है।
- जितने दिन की दवा लिखी गई है, उसके बाद डाक्टर साहब को दिखाकर ही दवा खायें।

Not for Medicolegal Purpose

भर्ती की सुविधा उपलब्ध है।

Next Appointment

Date:

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IQ Assessment Report

Patient Name: Anviti

Date of Assessment: 13/05/17

Age/Sex:~5 Years 8 Months/Female

Date of Birth: 01/09/2011

Tests Used: Seguin's Form Board Test (FBT)/ Coloured Progressive Matrices (CPM)/

Test / Gessell's Developmental schedules / Developmental Screening Test (DST) /

Informant: Father (Mr. Raghuvendra - edu. -LL.B.), Mother-(Mrs. Poonam edu.

Reason for Consultation: Behavioural problems /Study problems

Level of Consciousness: Conscious

Cooperation: Fair

History and Observations:

Antenatal- Uneventful

Prenatal- The child was delivered almost full term LSCS at hospital. Cry was

Postnatal- Uneventful

Milestones- Some milestones were delayed in accordance with age:

Started sitting at 9 months of age.

Started walking at 1.5 yrs of age.

Started speaking at 2.5 yrs of age

Start indicating about urination and defecation at 3 yrs of age.

Maturity-

Cannot ride bicycle properly,

Cannot feed herself properly, Can put shoes properly

Not Able to button unbutton, Not able to bathe by himself,

Can copy circle, cross and square, Cannot copy triangle,

Activity: Impulsive, rigid.

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Attention: Easily distracted, hyperactive .

Emotional component: Eye to eye contact poor, not interacting with strangers

freely.

Developmental Component:

Cooperation:Fair

Impulsivity in responses: Present

Distractibility: Present

Performance on tests: Poor

Careless errors: Few

Urgency to finish the task: Not marked

Scores: Gessell's Developmental schedules- 4.5 -5 Years

DST-3 Years 10 months

On FBT lowest score is 48.8 seconds (Corresponds to 4 yrs of M.A.). CPM score - Not able to Perform(Corresponds to below 5 yrs of M.A.).

Impression: Mental Age: ~ 4.5 years

Functional Developmental Quotient: ~81-85

Low Average Intelligence

Advice:

Constant revision, change the method of studies, study in a room with minimal distractions, Memory enhancement

methods to be applied.

Parents should stop fault finding, more family reassurance

and support is needed.

Note: As the objectivity in tests was limited due to the mental age of the child, the assessment might reflect some change at later age. Disclaimer: IQ assessment reflects the intellectual performance of the subject on a particular day. It need not necessarily mean that the subject might not be able to perform better on any other day. It depends on the mental state, cooperation and involvement of the subject.

As Child was inattentive & non cooperative so the objectivity of tests is limited

Further assessment is required to ascertain the diagnosis

Dr. DISHANTER GOEL

M.D.

Dr. SUNEEL CHAUDHARY

Ph.D., P.G.D.G.C.