India Program Child Consideration Checklist

Family's Consideration of Possible Medical or Special Needs

S. No.	Condition	Yes	No	Maybe
1	Low birth weight			
2	Premature birth			
3	Birthmark : On visible part of body, not disfiguring			
4	Heart Defect: Minor: (murmur, etc.) no surgery required Major: (requires surgery)			
5	Hepatitis B. carrier			
6	Blood disorders: a) Thalassemia b) Sickle cell anemia c) Hemophilia (bleeder)			
7	Child needing sex change due to injury of birth defect			
8	Child requiring wheel chair			
9	Spina-Bifida: walk with help, crutches, braces, etc.			
10	Cerebral Palsy: Mild Moderate Severe			
11	Orthopedic problem Correctable (now using braces or crutches or future ability)			
12	Rickets			
13	Congenital hip defect			
14	Malformations: Webbing of fingers and or toes (operable) Partially formed fingers and or toes Club foot or feet (correctable) Missing or malformed ear Missing or malformed fingers and or toes Missing limb(s) Malformed limb(s)			
15	Vision ♂ Child with vision in one eye ♂ Child with poor vision, unstable eyesight ♂ Child with crossed or wandering eyes (squint) ♂ Totally Blind			
16	Hearing: Partial hearing, stable Partial hearing, unstable			
17	Diabetes			
18	**S**eizure disorders (Epilepsy) Mild Severe Controlled with medication (does not include frequent Convulsion which are common)			
19	Cleft lip			

	Cleft palate Cleft lip & palate Facial clefts			
20	Malnutrition Mild Severe			
21	Kidney malfunction: Mild Severe			
22	Burns (needing plastic surgery) On arms & legs On face Mild Severe			
23	Developmental delay (Child who is behind emotionally, physically, and/or socially): Mild Severe			
24	Emotional problems			
25	Abuse : Physical Sexual			
26	Hyperactivity: Mild Severe			
27	Learning disability: Mild Moderate			
28	Speech stuttering: Delayed speech No speech			
29	Positive VDRL (Congenital Syphilis)			
30	Family background: Family history of medical problems Alcoholism Drug usage Parent who is mentally ill One parent mentally retarded			
31	Multiple birth defects			
32	Dwarfism			
33	Twins or Sibling groups older children above 6 years			
34	Requires some corrective surgery of a minor nature			

Minimum Age of Child Desired: _____ Maximum Age of Child Desired: _____

Preferred Gender of Child Desired (circle): Male Female Either

_____ _____

Signature Signature

Date: _____