HSC# Clinic# Born:

CASE SUMMARY

January 30, 1963.

Individual assessment on October 2, 1962 by Dr.

REFERRAL: The referral was made by Mrs. CAS social worker who has been working with the parents of the patient already before

PROBLEM: The problem was in development. The child is the youngest member of a large family s. 21(1) and s. 21(1) and s. 49(b) children. s. 21(1) and s. 49(b) s. 21(1) and s. 49(b)

has not suffered any serious mishandling or deprivation as the parents name has been closely supervised. The disturbed children had been removed from the home making it possible for the mother to lock after

6 months of age, he cut his first tooth at 7-10 months. He still does anticipation of food. He spends his time looking at his hands or scratching the wall.

OBSERVATION:

was very apathetic, paid some faint reaction to sound and followed co-ordinated and moved each one separately. He hardly was able to keep his head up him. There was some choreoathetotic or manneristic movement of the left hand noticed. Lively, there were no up-going toes, the moro-reflex was upsent, the neck reflexes were were present. The child had 4 teeth.

DIAGNOSTIC SUMMARY: From the short clinical observation it appeared that the child was seriously retarded at this point under 50 I.Q.

DIAGNOSIS: Mental defect

HANDLING: The child's condition was discussed with the parents. The mother was pregnant and going to be delivered in the next week.

s. 21(1) and s. 49(b)

retardation but wished some advice in regard to the handling. The children as well as the new born should be seen in the future for scientific interest.

MH/ds

Glinic for Psychological Medicine.