







Devi Tara
Welfare
Foundation



Devi Tara
Welfare
Foundation

2
Imp: Global developmental delay + spastic cerebral palsy
1^o to perinatal asphyxia

- Adv:
- * CBC, RFT/LFT, vit D levels, PTH
 - * Room no: 13, appointment for early stimulation
 - * Ophthalmic app appointment → evaluation in/fo abnormal vep
Dr. Shobha
 - * Physiotherapy to continue
 - * App^o appointment for PT/OT.
 - * VEG record of abnormal movements if any
 - * Review after 3 months in Paediatric Neurology
DND - Room no: 11 Tuesday/Friday
 - * Medical opinion for discharge
Room no: 11 Dr. Shobha

Devi Tara
Foundation

Diet Note

- Poor intake of food (only 2-3 meal/day)
- 500 ml milk/day
- Difficulty in chewing
- Constipation

Adv

- ↑ water intake
 - Given a probiotic containing feeding PTs (Aribu rick)
 - A/C in next visit
- Adv



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान करना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



सर्वोपर्यं चतुः सर्वज्ञानम्

2021/002/0002081

OPR-6

एकक/Unit (Physical Medicine & Rehabilitation) PMR SR PMR

105411297

विभाग/Dept.

संकेतिक संजीकृत सं./O.P.D. Regn. No.

नाम/Name	पिता/पति/पत्नी/पुत्री P/S/W/D of	लिंग Sex	आयु Age	पता/Address
नाम: नैटीक कुमार NAYTIK KUMAR	कुमार PA 10D KUMAR	M	Y 21 दिन D	VILL- SAMSTI PUR, BIHAR, Pin-0, INDIA

निदान/Diagnosis

G. D. D

दिनांक/Date

Registration Time: Mon-Fri: 8:30 - 11:00 AM
Sat: 8:30 - 10:30 AM

उपचार/Treatment

Done By: PMR Counter/295300654

Room No. 10, Ground Floor (तल मजिल)

20/09/2021 09:12:37 AM

APPOINTMENT NUMBER THROUGH HELPLINE: 011-26589142

फोन के माध्यम से अपॉइंटमेंट नंबर लेने के लिए

...आपके डॉक्टर के उपलब्ध न होने पर, ...में अन्य ...की डॉक्टर ...का ...सकता है।

Devi Tara Welfare Foundation

It helps in ...
Unable to ...

... ..

S - 1
elber - 1
Bambas - 2
W - 1

... ..
... ..
... ..

361, 361
no life contact



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444. www.orbo.org Helpline - 1060 (24 hrs service)





Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Issuing Medical Authority, Samastipur, Bihar



Certificate No.: BR1910820200126583

Date: 16/06/2022

This is to certify that I/we have carefully examined Shri **Naitik Kumar**, Son of Shri **Pramod Kumar Sharma**, Date of Birth **15/03/2020**, Age **2**, Male, Registration No. **1019/00000/2206/0714/70** Resident of House No. **VIII Pachrukhi Ward No 11, Po Ratanpur Bela, Ps Samastipur - 848113**, Sub-District **Musa**, District **Samastipur**, State / UT **Bihar**, whose photograph is affixed above, and I am/we certify that

(A) He is a case of **Mental Illness**

(B) The diagnosis in his case is **Exlent of Disability**

(C) He has **100%**(in figure) **One hundred** (in words) **Permanent Disability** in relation to his **Brain, Neck, BOTH LEG, Both Hand** as per the guideline / guidelines for the purpose of assessing the extent of specified disability in a person included under **RPWD Act, 1989** notified by Government of India vide S.O. 76(E) dated 01.01.2018).

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): **Aadhaar card**



Signature / Thumb Impression of the person with Disability

Dr. Naitik Kumar

S. A. Alankar

Signature of Member

Signatory of notified Medical Authority Member(s)



2/77

Issuing Medical Authority, Samastipur, Bihar



This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

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सर्वेभ्यो ज्ञानं ददातु

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***आपके डॉक्टर के उपलब्ध न होने पर, आपका चिकित्सा में अन्य डॉक्टर का नाम देना जा सकता है।	
361, 361	
no life contact	
<p>Handwritten notes:</p> <p>361, 361</p> <p>no life contact</p> <p>361, 361</p> <p>no life contact</p> <p>361, 361</p> <p>no life contact</p>	<p>Handwritten notes:</p> <p>361, 361</p> <p>no life contact</p> <p>361, 361</p> <p>no life contact</p> <p>361, 361</p> <p>no life contact</p>

Devi Tara Welfare Foundation

Handwritten notes:

361, 361

no life contact

361, 361

no life contact

361, 361

no life contact



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अंगदान जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
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2/77

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PERFORMA TO BE FILLED BY PARENTS

Trishia Score (Functional scale for Physical growth monitoring in children with cerebral palsy)

Date of start of therapy 28/3/22

Date of Birth 15/3/20

0 = Absent/No Initiation
1 = Initiation by Child
2 = Partially Complete / with little assistance
3 = Complete / independent / without any support

2 = Partially Complete / with little assistance

S.N.	Milestone	Stages to reach milestone	Scoring at first contact Date				Scoring after follow up (6 months) Date				Scoring after follow up (1 year) Date				Scoring after follow up (2 year) Date				
			0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	
1	Neck holding Turnover (Max=12 points)	Neck holding																	
2		Supine to prone			✓														
3		Prone to supine			✓														
4		Able to pick up toys in lying position	✓																
5	Sitting (Max=18)	Ordinary sitting /cross sitting with hand support			✓														
6		Ordinary sitting /cross sitting without support			✓														
7		Long leg sitting			✓														
8		Low table sitting			✓														
9		High table sitting			✓														
10		Transfer of object with hand			✓														
11	Creeping, Crawling & kneeling (Max=24)	Creeping			✓														
12		Crawl position (Hands and knee posture)			✓														
13		Commando crawling (Symmetrical crawling)			✓														
14		Independent manual crawling (Asymmetrical crawling)			✓														
15		Crawl position with transfer of object by one hand			✓														
16		Full kneeling			✓														
17		Half kneeling			✓														
18		Knee walk			✓														
19	Standing (Max=21)	Pull to stand			✓														
20		Standing without support			✓														
21		Stand from half kneel			✓														
22		Stand to sit			✓														

Devi Tara Welfare Foundation

Rehab Measure :-

	Record of previous treatment	Advised at Trishla Foundation
	Date/ Place/ Detail	Date/ Detail
Botulinum toxin Injection	No	No
Surgery	No	No
Therapy	General therapy	paeder massage, Relaxation Ex- pro development
Orthotic/walking aid	No	HFO, crutcher
Speech therapy	No	yes
Special education	No	No

Instructions for parents

1st day activity

- Registration, I card
- Consent form
- Filling of assessment Performance
- Video Recording, Photograph

11nd day onwards:

- Therapy or if advised surgery or Botulinum toxin injection as and on the date advised

During your stay at Trishla foundation:

- Consultation and reassessments by Dr Jain every month at the scheduled time
- Filling of follow-up progress and video recording every three months or early if the child start showing good progress.
- Participation in all the activities of Foundation is mandatory

Day before leaving Trishla Foundation:

- Final video recording of child
- Parent's interview / consent form filling up
- Follow up & Assessment Performance completion
- Parent's feedback

Follow up after your leaving Trishla foundation

- Continue therapy and activities regularly as told at Trishla Foundation
- Come for follow up for Reassessment of child and consultation once every 3 months
- Activities at the time of reassessment
 - † Consultation and reassessment by Dr. J. K. Jain
 - † Video recording of child progress
 - † Training/ learning of change in therapy protocol, change in brace and other activities

ब. रो. वि. कार्ड

दृष्टि

अनुभाग व दिन
Section and Day **IV**
रविवार
Thursday

कमरा नंबर
Cabin No.

डा० राजेंद्र
अ० भा०
Dr. Rajendra
A.I.I.M.S
यू.एच.ओ.
UHID

General



NO: 105411297
Dept: Regn. 2021/001/0017298
Name: Mr. NAITEK KUMAR
S/O PANDU KUMAR, IV SD, W
PH: 9162114118
VILL - SARATI PUK, BILHAR, PIN: 0, INDIA
App. Date: 05/04/2021

DeptSeq: 760

Dept: [P. Centre Eye Centre]
Unit: Unit-IV
Room: 14A
N/A
Days: Monday

Appt. ID:



2071033105901

नाम

पता
Address

दिनांक
DATE

निदान
DIAGNOSIS

उपचार Treatment

IC/O Global developmental delay : CP
Referred from pediatric IC/O
abnormal V.O. (outside)
Full term delivery : Adequate but 3.5kg

Vin follows light
IP < Dg ⊕
VOP - abn ⊕
Pim < 120/120
Dialux BE
Imp

BE
(BE)

cornea clear
AC appears adequate
pupil - NO ROPD
no white reflex
glu ⊕

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

Kindly keep this Card safely and bring it on your follow-up visits.

- 1. धूम्रपान निषेध
- 2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें
- 3. थूकिये नहीं
- 1. No Smoking
- 2. Use Dustbin
- 3. No Spitting

दिनांक - Date

उपचार - Treatment

fundus < CDR ~ 0.4 - 0.5 : 1
 (slightly pale)
 FR dnd
 AVR 218
 slightly pale fundus.

Adm

(#22) - Retina opinion.

(E)

- Refraction & Retina I

- R/W in OPD
 - EM in OPD

9/4/21

+3.25
 B/E.

gls - 1.0 / +1.25 x 90° B/E.
 advised = (+0.25 / -1.25 x 180°) B/E.



नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।

इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।

Eyes are God's most precious gift to man kind and eye donation is the most noble deed.

Take full care of them so that they can take care of you.

Issue Date: 12/02/2022



भारत सरकार

Government of India



नैतिक कुमार

Naitik Kumar

जन्म तिथि (DOB): 15/03/2020

लिंग (Sex): MALE

यह आधार 5 वर्ष की उम्र तक ही वैध है

7479 6152 1687

VID : 9100 5007 5205 8591

बाल आधार

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

द्वारा: प्रमोद कुमार शर्मा, वॉर्ड-11, पचरुखी, समस्तीपुर
बिहार - 848113

Address:

C/O: Pramod Kumar Sharma, Ward-11
Pachrukhi, Samastipur,
Bihar - 848113



7479 6152 1687

VID : 9100 9007 5205 8591



1947



help@uidai.gov.in

WWW

www.uidai.gov.in

Gross Motor Function Classification System (Rosenbaum P & walter SD.)

Level I: Walks without restrictions, limitations in more advanced gross motor skills



Level II: Walk without assistive devices, limitations in walking outdoors and in the community



Level III: Walks with assistive mobility devices, limitations in walking outdoors and in the community



Level IV: Self-mobility with limitations, children are transported by use of power mobility for outdoors and in the community



Level V: Self-mobility is severely limited, children are transported by use of assistive technology



Devi Tara Welfare Foundation

House functional classification system for Hand function

Hand dominance	Right	Left	
Affected extremity	Right	Left	Bilateral
Original House category	Right	Left	Left
0. Does not use (Does not use)			
1. Poor passive assist (Uses assistive device for weight only)			
2. Fair passive assist (Can hold onto object placed in hand)			
3. Good passive assist (Can hold object and stabilize it for use by other hand)			
4. Poor active assist (Can actively grasp object and hold it weakly)			
5. Fair active assist (Can actively grasp object and stabilize it well)			
6. Good active assist (Can actively grasp object and manipulate it as well)			
7. Spontaneous use, partial (Can perform bimanual activities easily and occasionally uses the hand spontaneously)			
8. Spontaneous use, complete (Uses hand completely independently of other hand)			
Maximum Score			