History taking and assessment proforma for psycho-oncology and psychiatric evaluation of children

Demographic details
Case file No: IP/OP
Name:
Age: Date of Birth:
Sex:
Birth order:
Education:
Medium of education:
Rural/Urban:
Socio-economic status of parents: Higher/Middle/Lower
Religion: Hindu
Family Status: Joint/Nuclear

Referred by:
Reason for ref:
History of presenting problem(s):
  a) Nature & severity

<table>
<thead>
<tr>
<th>Symptoms/Problems</th>
<th>Frequency of problem</th>
<th>Situation in which it occurs</th>
<th>Provoking factors and stresses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical-Pain/Fatigue/</td>
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<tr>
<td>Nausea/Cough/Breathlessness *</td>
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<tr>
<td>Eating, sleeping,</td>
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<tr>
<td>Relationship</td>
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<tr>
<td>Level of activity</td>
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<tr>
<td>Mood -</td>
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<td></td>
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<tr>
<td>Frustration tolerance</td>
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<td></td>
<td></td>
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<tr>
<td>Anti-social behavior</td>
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<tr>
<td>Academic attainments</td>
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<td></td>
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<tr>
<td>Sexual interest and behavior</td>
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<tr>
<td>Any other symptoms</td>
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</tbody>
</table>

b) Presence of other current problems or complaints

Current level of development
- Language-
- Visuospatial ability-
- Motor coordination-

Family History
a) Family structure –
b) Family conflict, if any*
c) Family function –
d) Support Network*

Family history of medical/psychiatric illness

Medical History and Treatment

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Stage</th>
<th>Age of onset</th>
</tr>
</thead>
</table>

Personal history
a) Birth History
  Nature of Delivery: - a) FTND b) Premature c) Caesarean d) Forceps
  Birth weight: Normal/Low
  Immediate crying/delayed crying:
  Any birth trauma:

  c) History of developmental milestones
  Normal/Delayed:

  * Neck holding
  * Crawling
  * Sitting
  * Walking
  * Talking

School History

School-going age:
  Class-room behavior:
  Child’s hobbies & interests:
  Involvement in sports:
  Academic performance:

  - Average
  - Slow learner
  - Learning disability

  Transition to different school: - Yes/No
  Special education:
  Behavioral/psychological problems:

  - ADHD
  - Nail-biting
  - Enuresis

Past psychiatric history

Treatment history

Temperament
Mental state Assessment

Appearance and behavior:
  Activity level:
  Habits and mannerisms:
  Rapport with clinician:
  Relationship with parents:
  Speech & language:
  Mood & Affect:
  Thought:
  Presence of hallucination and delusion:
  Level of awareness:
  Orientation:
  Attention and concentration:
  Intelligence:
  Awareness of cancer diagnosis

Emotional problem

Neurological signs
- Facial asymmetry
- Eye movement (jerkiness, incoordination)
- Finger-thumb apposition (clumsiness, weakness)/copying pattern/grip and dexterity/drawing/jumping/hopping

Provisional Impression:

Management plan:
Psychiatric Unit, TMH

Supplementary File S2

Problems faced by children and adolescents with cancer referred to a specialist psycho-oncology service: a 5-year retrospective analysis

DATA COLLECTION FORM

1. 1. Sociodemographic data -
   Case file no of patient
   Age:
   Gender: Male/Female
   SES: Lower/Middle/Higher

   Level of education of patient and of parent/s:
   Primary/Secondary/High school & above
   Family structure: Joint/Nuclear
   No of siblings:
   No of earning member/s:

2. 2. Clinical Information –
   Cancer diagnosis:
   3. Leukemia/Lymphoma
   4. Bone and soft tissue
   5. Brain tumor
   6. Gynecological and urological cancer
   7. Head and Neck cancer
   8. Breast
   9. Lung
   1- Gastrointestinal
   0.
   1- Others
   1.
   Stage of Disease: Early/Adv

3. 3. Current Treatment:
   Curative intent/Palliative intent/Supp care/follow-up

4. 4. Psychosocial history -
   Past history of emotional problems: Y/N

5. 5. Problems expressed
   Number of problems
   Types of problem
   - Physical
   - Emotional
   - Cognitive/Academic
   - Family/Interpersonal
   - Peer relationship
   - Other
   Family history –
   Presence of family conflict: Y/N
   Family history of psychiatric disorders: Y/N
   If yes to either of above, specify:

   Any other remarks: