**Name:**

**Date of Birth:**

**Birth Family History & Summary of Needs:**

Adopted due to birth family history & significant inter-utero trauma

Birth Mother: Confirmed drinking of alcohol (evidenced in adoption file) & smoking throughout pregnancy; possible drug use but not confirmed by birth mother.

Significant trauma & domestic violence during pregnancy. Abused as child.

Birth Father: ADHD / Alcoholic, Drug user – deceased due to alcohol

Birth Auntie: ADHD / Alcoholic – deceased due to alcohol

Birth Auntie: ADHD

Birth Cousin: Autism

Birth Maternal Grandmother: Deaf, alcoholic, drank in pregnancy

Birth Maternal Grandfather: Alcoholic – deceased

Birth Paternal Grandmother: Alcoholic, drank in pregnancy

Birth Paternal Grandfather: Alcoholic – deceased unknown

**Baby/Toddler:**

1. Placed with adopted family through Foster to Adopt at 3 days old due to birth family history & significant inter-utero trauma (write in here if child had multiple foster homes)
2. Very high pitched long lasting single toned scream as small baby/toddler
3. Sleeping for very long periods, difficulty to wake
4. Difficulties sucking, movement of tongue uncoordinated/ raised to roof of mouth
5. Babies head was unusual shape; flattened top of head
6. Flattened facial features as baby/toddler
7. Difficulty in hearing and processing sounds
8. Poor coordination, falling over regularly
9. Poor short-term memory
10. Small weak teeth
11. Thin top lip and smooth philtrum; particularly noticeable as baby/small child (photo attached) … do you have a photo of baby, make sure child is not smiling in the photo)
12. Lots of repeat illnesses as baby/small child; picks up illnesses quickly & takes long time to recover, no resilience
13. Core muscles underdeveloped controlling muscles affecting movement and co-ordination. As a baby struggled to lift own head/roll over/chose not to lie on stomach; slow to hit milestones in physical development
14. Very disturbed by any change in routine, would hit self or get very cross quickly
15. Unable to keep still whilst awake, constant sensory seeking

**New Behaviour Concerns:**

1. Poor coordination as he has got older, falling over, falling off of things
2. Poor fine motor, struggles to hold pencil, eat with knife and fork
3. Incontinent; constant accidents or unable to feel when to go to the toilet
4. Poor reasoning and judgment skills
5. Poor school performance; class teacher says he is behind peers
6. Poor short-term memory; forgets he has done things, forgets he has been to places or makes up pieces of information from lots of memories
7. Repetitive sound or throat clearing/pretend cough when stressed or tired
8. Constantly hungry/will sneak food
9. Intentional refluxing of food and spitting
10. Whistling when stressed or tired
11. Saying ‘rude’ things when stressed or tired *(he says he can’t help it the words just come out)*
12. Smearing faeces, especially if a visitor comes to the house
13. Very high pitched long lasting repetitive scream
14. Suddenness of twitchy repetitive movement; often different uncontrollable movements, more twitchy or jerky than his sensory needs movement.
15. Takes a long time to process basic instruction, even the simplest of requests. Often the processing or the response can come some long while later but he will then answer it as if you have just asked him
16. Rapid eye movements, blinking
17. Over familiar with adults; cuddling strangers or saying things that are inappropriate

**Existing behaviours:**

1. Very poor memory, forgets where he has put things and crys but it is in hand
2. Excessive activity & energy
3. Interrupts constantly
4. Hypermobile
5. Hypervigilent
6. Fidgets, gets distracted easily, always moving in some way
7. Struggles to wait turn
8. Constant struggle to organise self; needs one to one support including at School
9. Has had 4 different schools due to needs not being met; new School providing one to one support
10. Needs to bounce off of things, hang from things, crash into walls/sofas etc
11. Hates shopping or busy places; will panic and run off
12. Often leaves task unfinished or cannot manage a task for long, will move from task to task quickly as disinterested for long periods
13. Noisy; very high pitched scream
14. Night time difficulties to settle – becomes aggressive, very energetic, very bouncy
15. Little regard for authority
16. Can flip from calm to hyperactive very quickly
17. Sugar or any food coloured foods can make him totally hyperactive & unmanageable for many hours
18. Difficulty to manage fine motor; limited use of knife & fork, pencil (one to one support)
19. Struggles to go to sleep, whatever we do he just cannot settle into a routine of sleep

**Medical diagnosis to date:**

***Significant Sensory Processing and Emotional Regulation Difficulties:***Hyper-responsive: Auditory, touch, smell & taste sensitivity. Hypo-responsive: To proprioception (hypermobile joints) Seeks movement (running/ jumping/crashing/ bouncing) to down regulate & manage n.s activation. *Specialist Paediatric OT*

***Hypermobile Joints and Weak Core Muscles:*** wrists &fingers dislocate, very flexible (trunk flexors weaker than extensors) resulting in weak core strength and poor postural stability. At times, he will fatigue more quickly particularly if he becomes activated or stressed. *Specialist Paediatric OT*

***Heart Murmur:*** detected at birth; Grade 2 Heart Murmur (red book notes)

**ENT:** *Born with adult size Tonsils & Adenoids*; feeding difficulties, constant dribbling, speech and language delays; tongue placement. Removal of tonsils & adenoids age 4 (Musgrove PH).

**Hearing:** Born deaf in right ear, low in left. Hearing gradually improved to acceptable level. Ongoing monitoring via *Audiology MPH*

***Hypervigilent:*** Highly anxious/sensitive in new/social situations - seeks lots of support – doesn’t like to be alone.

**Attachment difficulties:** Survival behaviours: Activated by separation and going to new places/change. Screaming/ hitting/ kicking/ pinching (fight) and running off unless hand held (flight), Tends to hurt others than himself, may bounce off a wall. Min freeze response. *Specialist Paediatric OT*