

NEW PATIENTFORM (CHILD)

DATE.....

CHILD'S NAME..... SEX:

DATE OF BIRTH..... AGE:

STATE OF ORIGIN

RELIGION

RESIDENTIAL ADDRESS:

.....

REFERRING PHYSICIAN/ HOSPITAL:

ALLERGIES:

DIAGNOSIS:

.....

PARENTS' INFO

MOTHER'S NAME.....

PHONE NUMBER

E-MAIL

OCCUPATION/WORK ADDRESS.....

.....

FATHER'S NAME

PHONE NUMBER

E-MAIL

OCCUPATION/WORK ADDRESS.....

.....

BBF INFORMED CONSENT FORM (CHILD)

Name of Patient:

Diagnosis:

Referring Hospital: Project Serial Number:

Indemnity:

This is to confirm that I fully understand that the therapy my child will be undergoing is not routine or standard medical treatment for his/her condition. However, as the doctor has explained, these nutrients are meant to aid in the repair and restoration of damaged or underdeveloped tissue to health and vitality.

I fully understand that no therapy is without risks, and I hereby state that I will not hold Dr. Ajibade or any of the staff of the Brain and Body Foundation responsible or liable for any untoward effects I may observe, either related or unrelated to the administration of these nutrients.

I understand that these nutraceuticals are being given to me free of charge.

Signed:

Permission to use audiovisual materials:

I permit Brain and Body Foundation to take videos of my child and my family and to use them, and any other materials related to the care of at their own discretion. I hereby waive my right to ownership of this material.

Signed:

I hereby commit to:

1. Bringing my child to the centre as directed.
2. Administering the nutrients exactly as directed.
3. Taking note of any changes I may see in my child and recording them (either in video or written format)

I understand that my child may be disqualified from the program if I do not adhere to these requirements.

Signed:

Date:

Name:

Relationship to Child:

STANDARD NEW PATIENT FORM (CHILD)

(PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE)

1. Name: Date:
2. Age: Date of Birth: Sex: Weight:
3. Birth order (e.g. 2nd of three children)/Age of siblings:
.....
.....
4. Referring Physician/Hospital:
5. Problem (any diagnosis?):
6. How and when did it start?
7. What has been done since then?
 - a. Treatment by medical profession:
.....
 - b. Tests done (please provide copies):
.....
 - c. Parents and/or Caregivers (native medications, nutritional supplements, etc.):
.....
8. History of Seizures/Convulsions? (Yes/No, how frequent? Focal or generalized):
.....
9. What treatment (medication, physiotherapy) is he/she currently on?
.....
10. What can he/she not do?
 - a.
 - b.
 - c.
 - d.
 - e.

History

a. Pregnancy, birth and neonatal history:

1. Where was antenatal care?
2. Where was delivery (which Hospital)?
3. Was pregnancy eventful (any infection, vaginal discharge, fever, high blood pressure, diabetes, allergies?) If yes, state what happened in full YES NO
.....
.....
4. Did mother have any infection during pregnancy? YES NO
5. Was delivery at term? (mum should describe events) YES NO
.....
.....
6. How long was the labour?
7. Did baby cry at birth? YES NO
8. Did baby have jaundice at birth? YES NO
9. Did he/she attain all the milestones at the right time? YES NO
10. Did he/she suck well at birth? YES NO

b. Gut Health

1. How healthy is his/her appetite?.....
2. Any constipation?.....
3. What is/are his/her favorite food(s)?
.....
4. What food(s) does he/she not tolerate?
.....
5. Does he/she get more hyperactive any time he/she eats a particular meal (if yes, which ones)?.....
6. How frequently does he/she stool?.....
7. Is his/her stool hard or soft?
8. Is it sometimes difficult to stool? YES NO

c. Immune health:

1. Any history of recurrent infection(s), e.g., recurrent ear infections/discharge, throat ache, cough, fever? YES NO
2. If there is/are infection(s), how frequent?
.....

3. Any allergies? If yes, parents should describe event(s)

.....
.....

d. Home:

1. Social relations at home (does he play well with siblings and parents?)

.....

2. Adequate eye contact?.....

3. Hyperactive?.....

4. Sleep throughout the night?.....

e. Any history Of hearing difficulties?.....

Ear discharge?.....

f. Odd behaviors/ Findings

1. Any unusual strength or tolerance to pain?.....

2. Cry/ Laugh a lot for no apparent reason?.....

3. Prefers to stool, not in toilet but elsewhere? (e.g., In closet or wardrobe)

.....

4. Ear clapping?.....

5. Head banging?.....

6. Self-injury? (e.g., biting)

.....

7. Fecal smearing?.....

8. Screaming a lot?.....

g. Performance at school:

1. Interaction with peers?.....

2. Ability to read, write, and pay attention in class?.....

What results would parents like to see (e.g., better speech, better sight, etc.)?

.....
.....

Anything else you would like to tell us?

.....
.....

Doctor's intake note:

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.....
.....

PHOTOGRAPHY AND VIDEO CONSENT FORM

The form **must** be completed before photography and/or video filming takes place. We cannot publish any images unless the form has been signed. Please read the guidelines overleaf before completion.

BRAIN AND BODY FOUNDATION TAKES PHOTO AND VIDEOS OF YOUR CHILDREN AND WARDS FOR THE PURPOSE OF SOLICITING FUNDS FOR THE CONTINUATION OF ITS PROJECTS FROM VARIOUS PARTNERS. THIS CONTENT WILL ALSO BE POSTED ON ITS SOCIAL MEDIA PAGES TO PROMOTE PATRONAGE AND ALSO MAKE THE ORGANIZATION AND ITS WORK KNOWN TO THE GENERAL PUBLIC.

For completion by subject of photograph:

Note: By completing this form, you give us full permission to use these images and any personal information in our marketing materials and media applications.

I confirm that I have read the guidelines and understood the use of the photographic and/or video images

- Photographic and/or video filming (to be undertaken at present and in the future), and any reproductions or adaptations of the images for any purposes in relation to the work of BRAIN AND BODY FOUNDATION including, without limitation, the right to use them in printed and internet publications; advertisement; audiovisual and electronic materials; display materials; and media work and broadcast, print and social media and any other media which BRAIN AND BODY FOUNDATION deems appropriate throughout the world.
- I understand that I do not own the copyright or have any rights of ownership or other claim over the images.
- I understand that the images will be identified with my name **unless I specifically disagree for my name to be used**, and that text may suggest that I live with or I am subject to a particular issue or live in particular circumstances (if relevant) in order to promote the work of BRAIN AND BODY FOUNDATION.
- I will not make any claim in relation to privacy, defamation or passing off in relation to any uses of the images within the scope of this consent.
- I understand the BRAIN AND BODY FOUNDATION will keep all the images in its photo library and use them for such period as it deems fit, and will move them into its image archive for posterity once they are no longer appropriate.

Your details (to be completed by the individual who is the subject or by the consenting parent of legal guardian)

First name		Last name	
Address			
		Postcode	
Telephone	Email		
Signature (insert your name if emailed)		Date (dd/mm/yyyy)	

Please tick the box if you DO NOT grant us your permission to use your name or the name of your child or the person in your care in our marketing materials and media applications.

[Details of your child or the child in your care](#) (to be completed by the consenting parent or legal guardian of the subject)

First		Last name
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Just to let you know that we will hold the information you give us securely. We will not share your information with other companies outside BBF without your permission.

To be filled Out by Photographer Name of Photo name or identifying feature:

Videographer:

I have fully discussed the content of this form with the subject and/or parent or legal guardian

SUBMISSION GUIDELINES: Completion of this form is required before photography and/or video filming takes place. Submit this form to **BRAIN AND BODY FOUNDATION FRONT DESK.**

POLICY STATEMENT: It is BBF’s policy where we are planning to use photographic and video images for materials in the public domain that consent must be obtained from the appropriate person as set out in the Photography and Video Consent Form.

PURPOSE: The purpose of the consent form is to provide information to the person giving consent so that he/she can make an informed decision and to be clear about which areas of work his/her consent applies to. This form **must** be completed by the subject in the photography and/or video film, parent or legal guardian of the participant (below 18) before photography and/or video filming takes place.

WHY DO WE NEED IMAGES? BBF relies on donations from individuals, organizations as well as trust and foundations to fund our services to support children living with neurologic deficits and families living sickle cell anemia disease and to be clear. We need to take photographs and video film help promote our work. As such we are asking you, your child and/or the person in your care to appear in publicity materials to help raise awareness of our services, fundraising events and campaigns. The image of you, your child and/or the person in your care will help us continue to provide services for vulnerable and disadvantaged people.

WHO SHOULD READ THIS FORM? Those asked to give consent including children and young people, parents, legal guardians and subject of photographic and video images, BBF’s staff and volunteers.

HOW ARE IMAGES USED? We use images in a range of promotional materials and media applications to promote BBF as a whole and/or to illustrate particular areas of our work. This includes printed and internet publications; advertisements; audiovisual and electronic materials; display materials; and media work on broadcast, printed and social media and any other media which BBF deems appropriate throughout the world.

HOW LONG DOES CONSENT LAST? Your consent is for an indefinite period i.e. with no time limit. However you reserve the right to change or withdraw your consent at any time by notifying BBF in writing. Nonetheless we will be unable to withdraw images already published.

WHO CAN GIVE CONSENT? It is good practice to involve children, young people and adults in the consent process of their images. Under the following circumstances, consent of the person in the image (hereinafter, the subject) is required.

image of subjects	Consenting parties	Remarks
18 and above	subject themselves	Subject with sufficient understanding of The consent process and its implication
Below 18	Parent legal guardian Guardian of subjects	inform subjects how their images may be used and be responsive to their feelings and respect their wishes

IMAGES WHERE THE SUBJECT’S FACE CANNOT BE SEEN OR ITS OBSCURED: Written consent is still required, as it is likely that the subject is recognized by his/her family and friends.

WHO KEEPS THE FORM AND IMAGES? All images are stored in our photo library by the marketing department of BBF for such period as it deems fit and moved into image archive for posterity once they are no longer appropriate.

Name of PARENT/ GUARDIAN:

SIGNATURE:

DATE:

Name of WARD/CHILD:

SIGNATURE/ THUMB PRINT

DATE:

PROGRESS FORM

NAME: WEIGHT:

DATE: AGE: DAY ON SUPPLEMENTS:

DIAGNOSIS:

WHAT PATIENT COULD NOT DO BEFORE:

.....

.....

SUPPLEMENTS CURRENTLY ON WITH DOSAGE:

.....

PROGRESS: GOOD BAD (e.g. Better neck control, sit, stand, walk without support?)

.....

.....

DOCTORS COMMENTS:

.....

SUPPLEMENTS RECEIVED:

.....

.....

NEXT APPOINTMENT DATE: SIGNATURE: DATE:

NAME: WEIGHT:

DATE: AGE: DAY ON SUPPLEMENTS:

DIAGNOSIS:

WHAT PATIENT COULD NOT DO BEFORE:

.....

.....

SUPPLEMENTS CURRENTLY ON WITH DOSAGE:

.....

PROGRESS: GOOD BAD (e.g. Better neck control, sit, stand, walk without support?)

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SUPPLEMENTS RECEIVED:

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NEXT APPOINTMENT DATE: SIGNATURE: DATE: