**[Country Name] Cerebral Palsy Register**

**[Location]**

**List of children**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details about the data collector (KI)** | | | | |
| Name of the KI: | | | Phone number: | |
| Address: | | | | |
|  |  |  | |  |

| **SL** | **Name of the child** | **Gender (Boy**  **/Girl)** | **DOB** | **Father’s name** | **Mother’s Name** | **Address** | **Contact number** | **Problem** |
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