

REPUBLIC OF KENYA



MINISTRY OF HEALTH

Ref: MOH/276E

ASSESSMENT FORM FOR MENTAL/ INTELLECTUAL/ AUTISM SPECTRUM DISORDERS

Name of Health Facility:	MAMA LUCY KIBAKI	Date:	DD	MM	YYYY
			5	1	2026

Applicant Information for the purpose of reporting on Disability Assessment:

Name:	IVAAN MURITHI	ID No.	B/C 5885070	Gender:	M
Date of Birth:	DD / MM / YYYY 2 / 07 / 2021	Occupation:	STUDENT	Phone No.	—
Age:	4 YEARS				
County:	KIAMBU	Sub-County:	RUIRU	Marital Status:	—

Next of Kin Details:

Name:	SILVERIA MAIRORA	Relation:	MOTHER	Phone No.	0700 872432
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Assembled Medical Team details:

MEMBERS	NAME	REG. NO.	SIGNATURE	Health Facility Official Stamp
Chairperson	DR MIC KAHINGI	A9014		
Member	Mawida Yuguda	OTCOK/W/25/168		
Member	ANNIE NANSIRU	NAOTK10475		
Member				

(I understand that giving false information is punishable by the laws of Kenya)

Note: the committee should have a minimum of three Members

BRIEF CLINICAL HISTORY (Past and Present Medical History)

Child diagnosed with scabies at 2x old and put on medication. Was not breast feeding. Started breastfeeding after 1/2 and discharged. Delayed milestones - attained independent walking at 2y. Mother noticed lack of interest in play and toys at 1 year old. He is hyperactive, has poor social skills and delayed speech. Attends normal school.

Mental Status Evaluation

Thought process - poor
 Orientation to time, self, place - poor
 Perception - poor
 Insight - poor
 Concentration - easily distracted

Speech - delayed
 Mood - Euphoric
 Motor - Restless
 Memory - Impaired

Complete the Assessment Tool Below by Scoring Appropriately

Knows how and when to feed, toilet or groom self

Feeding	Toileting	Grooming
<input type="checkbox"/> 0.0 Completely Independent	<input type="checkbox"/> 0.0 Completely Independent	<input type="checkbox"/> 0.0 Completely Independent
<input type="checkbox"/> 1.0 Partial	<input type="checkbox"/> 1.0 Partial	<input type="checkbox"/> 1.0 Partial
<input type="checkbox"/> 2.0 Minimal	<input type="checkbox"/> 2.0 Minimal	<input type="checkbox"/> 2.0 Minimal
<input checked="" type="checkbox"/> 3.0 None (Dependent)	<input checked="" type="checkbox"/> 3.0 None (Dependent)	<input checked="" type="checkbox"/> 3.0 None (Dependent)

Dependence on Others		Psychosocial Adaptability
Level of Functioning		Employability/ Schooling
<i>Physical & cognitive disability</i>		<i>As full-time worker, homemaker, student</i>
0.0	Completely Independent	0.0 Not Restricted
1.0	Independent in special environment	1.0 Selected jobs, competitive
2.0	Mildly Dependent-Limited assistance	2.0 Sheltered workshop, Non-competitive.
3.0	Moderately Dependent-moderate assist by Person in home	3.0 Not Employable/ not in school
4.0	Markedly Dependent Assistance with all major activities, all times	
5.0	Totally Dependent	
Total Disability Rating Score (Sum of all Scores)		= 14.0

Scoring Key:

Total DR Score	Level of Disability
0	None
1 - 4	Mild
5 - 8	Moderate
9 - 12	Severe
13 - 17	Very Severe ✓

Conclusion:

Duration of Illness: *Since 1 year old.*

Major Cause of Disability: *Autism & ADHD.*

Level of Disability: *Very Severe*

RECOMMENDED ASSISTIVE PRODUCT(S): *None.*

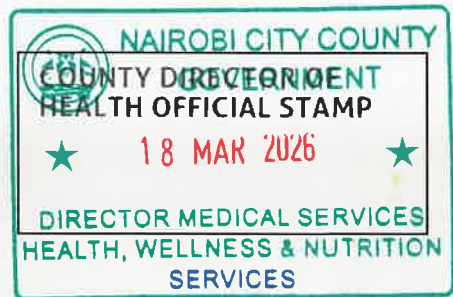
OTHER REQUIRED SERVICES: *School placement; speech therapy.*

VERIFIED BY THE COUNTY DIRECTOR OF HEALTH

Name: *D. Wangi Koko*

Date: *18/03/2026*

Signature: *[Handwritten Signature]*





KENYATTA NATIONAL HOSPITAL
P.O. Box 20723-00202,
NAIROBI.

Tel: 2726300-9

FAX: 2725272

NAIROBI

Ref: KNH/MHS/3/Vol.IV/437

Date: December 9, 2024

**THE COORDINATOR,
FUNCTIONAL AND EDUCATION ASSESSMENT CENTRE
KENYA INSTITUTE OF SPECIAL EDUCATION**

RE: IVAAN MURITHI- 3 YEARS - FILE NO. 2336702

INTRODUCTION

The above named patient was accompanied by his mother for clinical assessment on the 9th December 2024. KISE referred him for a psychiatric assessment review, with the aim of providing the most appropriate intervention.

PRESENTING COMPLAINTS

The patient presented to the clinic with a history of delayed speech, laughing alone, and being easily irritable.

HISTORY OF PRESENTING ILLNESS

The mother reported concerns about Ivaan's development over the past year. Initially, she observed delayed speech development. At around 1 year and 6 months, Ivaan began using monosyllabic words such as "mama" and "baba." However, his speech regressed as he stopped using even those monosyllabic words and became non-verbal, resorting to pointing gestures to communicate his needs.

By the age of 2 years, his mother noticed unusual behaviours, including laughing alone without any identifiable trigger. She also reported that Ivaan displayed a strong preference for solitary play, showing limited interest in social interactions. His play habits were notable for a specific focus on building blocks, especially those of yellow color, and a preference for playing with stones. Despite his selective preferences in toys, he exhibited no dietary selectiveness and did not display hyperactivity, even when consuming sugary foods.

The mother further described several repetitive behaviours, such as head tilting and tiptoeing. Additionally, Ivaan showed difficulties with following instructions, maintaining eye contact, and responding to social cues. His mother also observed heightened sensitivity to loud sounds, with Ivaan covering his ears in response. Emotional dysregulation was evident as he was easily irritable, though he did not exhibit aggressive behaviours.

REPUBLIC OF KENYA

CERTIFICATE OF BIRTH A 5885070

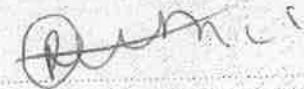
Birth in the.....**TIGANIA EAST**.....District in the.....**EASTERN**.....Province

Entry No.	1832108655	Where Born	Sanitas Hospital	Name	Ivaan Murithi
Date of Birth	2.07.2021	Sex	Male	Name and Surname of Father	Isaiah Kairu Mutethia
Name and Maiden Name of Mother		Silveria Mairora Tarichia			
Name and Description of Informant		Sgd.Parent			
Name of Registering Officer	MWITI J.I.	Date of Registration	31.08.2021		

I,.....**R.W. MWIRIGI**.....District Assistant

Registrar for.....**TIGANIA EAST**.....District, hereby certify that this certificate is compiled from an entry/return in the Register of Births in the District.


CA No.1012 of 27.01.2022



District Assistant Registrar

Given under the Seal of the Director of Civil Registration on the **27th**.....day of **Jan.**.....20**2022**

This certificate is issued in pursuance of the Births and Deaths Registration Act (Cap. 149) which provides that a certified copy of any entry in any register or return purporting to be sealed or stamped with the Seal of the Director of Civil Registration shall be received as evidence of the dates and facts therein contained without any or other proof of such entry.

JAMHURI YA KENYA  **REPUBLIC OF KENYA**

SERIAL NUMBER **703426995** ID NUMBER **30545628**

FULL NAMES **MUTETHIA ISAIAH KAIRU**

DATE OF BIRTH **01. 02. 1992**



SEX **MALE**

DISTRICT OF BIRTH **IGEMBE SOUTH**

PLACE OF ISSUE **HDM CBD**

DATE OF ISSUE **04. 02. 2022**

HOLDER'S SIGN 

DISTRICT **TIGANIA CENTRAL**

DIVISION **TIGANIA EAST**

LOCATION **THANGATHA**

SUB-LOCATION **GALIBINE**

PRINCIPAL REGISTRAR'S SIGN  **T0349362491**

IDKYA7034269957<<1292<<<<<4712
 9202014M2202048<B030545628F<<7
 MUTETHIA<ISAIAH<KAIRU<<<<<<<<<<



JAMHURI YA KENYA  **REPUBLIC OF KENYA**

SERIAL NUMBER **701933832** ID NUMBER **29044889**

FULL NAMES **TARICHIA SILVERIA MAIRORA**

DATE OF BIRTH **27. 12. 1990**

SEX **FEMALE**

DISTRICT OF BIRTH **MERU NORTH**

PLACE OF ISSUE **HDM MERU**

DATE OF ISSUE **19. 07. 2019**

HOLDER'S SIGN 





DISTRICT **TIGANIA WEST**

DIVISION **AKITHI**

LOCATION **ATHWANA**

SUB-LOCATION **KUANYI**

PRINCIPAL REGISTRAR'S SIGN 

T0301039434

IDKYA7019338322<<1253<<<<<1237
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 TARICHIA<SILVERIA<MAIRORA<<<<<

