

Name of child:

DoB:

Age:

Date completed:

HEALTH, FUNCTIONING AND WELLBEING UPDATE

Please fill in this information. It will help to make best use of consultation time, to cover all of the things that are important for you. The clinic letter you receive will reflect the contents with the action plans completed. You can then show it to any other health workers who need to see it.

Things to celebrate, things that are going well:

Thoughts about what might help to make it easier to join in everyday activities and make life more enjoyable:

Things that are causing concern and questions:

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For each of the following, please indicate which traffic light colour indicates your concerns the best. GREEN = no concerns, all is well. AMBER = some concerns. RED = serious concerns.

| | No concerns | Some concerns | Serious concerns | Action plan |
|--|-------------|---------------|------------------|-------------|
| General health | | | | |
| Pain | | | | |
| Seizures (fits, faints, funny turns) | | | | |
| Frequent chest infections needing antibiotics | | | | |
| Difficulties swallowing/chewing/eating/drinking/drooling | | | | |
| Acidy burps, reflux or vomiting | | | | |
| Constipation (infrequent stools, hard to pass) | | | | |
| Growth/weight gain/physical development/puberty | | | | |
| Mobility, moving around | | | | |
| Hand function | | | | |
| Personal care (feeding/washing/dressing/toileting etc.) | | | | |
| Vision (eyesight) | | | | |
| Hearing | | | | |
| Speech and communication | | | | |
| Friendships and relationships | | | | |
| Behaviour, emotions and feelings | | | | |
| Learning | | | | |
| Sleep | | | | |
| Equipment issues | | | | |
| Family issues | | | | |
| Housing issues | | | | |
| School issues | | | | |
| Leisure issues | | | | |
| Other (please specify) | | | | |