

## HEALTH, FUNCTIONING AND WELLBEING SUMMARY



Name:			DoB:		/	/		Date completed:	/		/
Please f	fill in this information. It will help	pı	rofessio	nals	to u	nderst	tand	what is going we	ll and <b>v</b>	vhat	:
•	you most at this time.										
Things	to celebrate, things that are going v	иe	II:								
Though	nts about what might help to make it	t e	asier to	join i	n eve	eryday	activ	ities and make life r	nore en	joyal	ole:
Things	that are causing concern and questi	or	ns:								

Name:		DoB:	/	/	Da	ate complet	ed:	/ / /			
For each of the follo	wing areas please indic	ate which	n traffic l	ight colou	ur be	st matches	your level	of concern.			
No Concerns	Does not limit joining in	every day	activities	or enjoyino	g life.						
Some Concerns	Regularly but intermitten	itly limits j	oining in	every day a	activit	ies or impac	ts on ability	to enjoy life.			
Serious Concerns Frequently or daily limits joining in every day activities or impacts on ability to enjoy life.											
						No Concerns	Some Concerns	Serious Concerns			
General physical healt	h										
Airway & breathing iss	sues										
Recurrent chest infect	ions										
Pain											
Seizures (fits, faints, f	unny turns)										
Eating, drinking, swall	lowing issues										
Drooling											
Acid reflux (acidy, sme	elly burps), vomiting										
Constipation (infreque	ent stools, hard to pass)										
Soiling											
Day time wetting											
Night time wetting											
Period issues											
Ear, nose or throat issu	ues										
Skin issues											
Faltering weight gain											
Overweight issues											
Mobility, moving arou	nd										
Hand function											
	ding, washing, dressing, toi	leting etc.)	)								
Vision (eyesight)											
Hearing											
Speech, language, cor											
•	onships, social communicati	ion									
Disruptive behaviour	ad anviated										
Emotional issues (mod Self-injury	ou, anxiety)										
	e.g. to sounds, textures etc.)	<u> </u>									
	te things e.g. soil, metal etc										
Learning	te tilligs e.g. soll, metal etc	/									
Sleep											
Family issues											
School issues											
Equipment issues											
Housing issues											
Access to leisure activi	ity issues										
Are you well enough s											
	nformation about your chil	d's conditi	on and se	vices?							
Other (please specify):											