**HEALTH REPORT FOR:**

 **EDUCATION, HEALTH & SOCIAL CARE**

**THE FOLLOWING RECOMMENDATIONS ARE BASED ON THE HEALTH CARE PROFESSIONAL’S ASSESSMENT, AND MAY CHANGE WITH TIME. THE INTERVENTION GIVEN WILL BE THE SUBJECT OF DISCUSSION WITH THE INDIVIDUAL HEALTH CARE PROFESSIONAL.**

**SECTION 1: THIS REPORT HAS BEEN COMPILED BY THE FOLLOWING:**

|  |  |  |
| --- | --- | --- |
| **REPORT AUTHORS (name and initials)** | **SPECIALTY** | **DATE REFERRED TO SERVICE** |
|  | CAMHS |  |
|  | CHILDREN’S COMMUNITY NURSING TEAM |  |
|  | COMMUNITY PAEDIATRICIAN |  |
|  | PAEDIATRIC DIETITIAN |  |
|  | PAEDIATRIC LEARNING DISABILITY SERVICE |  |
|  | PAEDIATRIC OCCUPATIONAL THERAPIST  |  |
|  | PAEDIATRIC PHYSIOTHERAPIST |  |
|  | PAEDIATRIC SPEECH & LANGUAGE THERAPIST |  |
|  | OTHER |  |

STAFF BASE: BREIGHTMET HEALTH CENTRE, BREIGHTMET FOLD LANE, BOLTON, BL2 6NT

**SECTION 2: CHILD / YOUNG PERSON’S DETAILS**

|  |  |
| --- | --- |
| CHILD’S FIRST NAME | «PatientForename» |
| CHILD’S SURNAME | «PatientSurname» |
| N.H.S. NUMBER | «PatientNHSNumber» |
| D.O.B. | «PatientDateOfBirth» |
| ADDRESS | «PatientAddressLine1»«PatientAddressLine2»«PatientAddressLine3»«PatientAddressLine4»«PatientPostCode» |
| NURSERY / SCHOOL  |  |
| YEAR GROUP |  |
| G.P. | «GPTitle» «GPForename» «GPSurname» «GPAddressLine1»«GPAddressLine2»«GPAddressLine3»«GPAddressLine4»«GPPostCode» |

|  |  |
| --- | --- |
| **Has the report been shared with the child/young Person *(please indicate for your specialty Y/N. If N please complete the reasons why section)***CAMHS: CCNT: COMM. PAED: PAED DIET: PAED LD: PAED OT: PAED PT: PAED SLT: OTHER: | **Has the report been shared with: Parents/Carers *(please indicate for your specialty Y/N. If N please complete the reasons why section)***CAMHS: CCNT: COMM. PAED: PAED DIET: PAED LD: PAED OT: PAED PT: PAED SLT: OTHER: |
| If you have not shared your report, please state the reasons why: | If you have not shared your report, please state the reasons why: |
| **State the evidence that your report is based on:** e.g. contact with parents/children, family members. |

**SECTION 3: MEDICAL DIAGNOSIS (confirmed)**

|  |  |
| --- | --- |
| **SPECIALTY** | **Completed By (Initials)** |
| **CAMHS** |  |
| **CHILDREN’S COMMUNITY NURSING TEAM** |  |
| **COMMUNITY PAEDIATRICIAN** |  |
| **PAEDIATRIC DIETITIAN** |  |
| **PAEDIATRIC LEARNING DISABILITY SERVICE** |  |
| **PAEDIATRIC OCCUPATIONAL THERAPIST**  |  |
| **PAEDIATRIC PHYSIOTHERAPIST** |  |
| **PAEDIATRIC SPEECH & LANGUAGE THERAPIST** |  |
| **OTHER** |  |

**SECTION 4: BACKGROUND INFORMATION**

|  |  |
| --- | --- |
| **SPECIALTY** | **Completed By (Initials)** |
| **CAMHS** |  |
| **CHILDREN’S COMMUNITY NURSING TEAM** |  |
| **COMMUNITY PAEDIATRICIAN** |  |
| **PAEDIATRIC DIETITIAN** |  |
| **PAEDIATRIC LEARNING DISABILITY SERVICE** |  |
| **PAEDIATRIC OCCUPATIONAL THERAPIST**  |  |
| **PAEDIATRIC PHYSIOTHERAPIST** |  |
| **PAEDIATRIC SPEECH & LANGUAGE THERAPIST** |  |
| **OTHER** |  |

**SECTION 5: DESCRIPTION OF CHILD’S CURRENT LEVEL OF FUNCTIONING**

|  |
| --- |
| **HEALTH & DEVELOPMENT** ***Guidance notes: Medication Management / Respiratory Function / Seizures:******General Development: (General Stage/Age Of Development)*** |
| **PHYSICAL SKILLS**:***Guidance notes: Gross Motor / Sitting Posture / Range Of Movement (Note Any Reduced Ranges / Contractures – Measurable) / Muscle Tone / Pain / Floor Mobility / Transfer Skills / Gait / Stairs / Fine Motor / Hand Writing / Perceptual Skills / Hand Function / Bilateral Skills******Orthotics / Response To Physiotherapy / Occupational Therapy (Including Behaviour / Compliance****)* |
| **SPEECH, LANGUAGE & COMMUNICATION NEEDS:*****Guidance notes: Attention & Listening / Memory / Comprehension of Language / Expressive LanguagePhonological (Speech Sound) System / Phonological awareness / FluencySocial communication.*** |
| **BEHAVIOURAL DIFFICULTIES:*****Guidance notes: (Description of behaviour, what’s happening about it i.e. intervention, any outcome i.e. what’s expected)*** |
| **CHALLENGING BEHAVIOUR:** |
| **PSYCHOLOGICAL AND EMOTIONAL COPING SKILLS & SELF AWARENESS:** |
| **FEEDING:*****Guidance notes: Nutrition / Oral and swallowing skills / Behavioural*** |
| **TOILETING / CONTINENCE:** |
| **SLEEP MANAGEMENT & ROUTINE:** |
| **DRESSING:** |
| **PERSONAL CARE:** |
| **PLAY:** |
| **SKILL TEACHING:** |
| **SUPPORT TO ENABLE MEDICAL INTERVENTION e.g.*****Guidance notes: Equipment / Feeds / Staff*** |

**SECTION 6: IMPACT**

|  |
| --- |
| **EQUIPMENT incl. Visual aids / schedules** |
| **MOVING & HANDLING** |
| **SPEECH, LANGUAGE & COMMUNICATION NEEDS*****Guidance notes: Attention / Listening and Memory / Receptive Language / Expressive Language / Speech Delay / Disorder / Fluency / Social Communication*** |
| **APPROPRIATE FACILITIES (environmental considerations eg crutches).** |

**SECTION 7: CURRENT AIMS OF INTERVENTION**

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| **Specialty** | **Initials** |
| **CAMHS** |  |
| **CHILDREN’S COMMUNITY NURSING TEAM** |  |
| **COMMUNITY PAEDIATRICS** |  |
| **PAEDIATRIC DIETITIAN** |  |
| **PAEDIATRIC LEARNING DISABILITY SERVICE** |  |
| **PAEDIATRIC OCCUPATIONAL THERAPY** |  |
| **PAEDIATRIC PHYSIOTHERAPY** |  |
| **PAEDIATRIC SPEECH & LANGUAGE THERAPY** |  |
| **OTHER** |  |

**SECTION 8: OUTCOMES & PROVISION –**

**CHILDREN’S COMMUNITY NURSING TEAM**

|  |
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| **DESIRED LONG TERM OUTCOME:** |

\* It is anticipated that it will take XX time per week for TA / named support in school / professional to deliver XX input / TA to deliver programme with competence / XX time for Ta to be trained…. Minimum level of staff to be XX e.g. Band 5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Desired Short Term Objectives to be achieved in the next 12 months | This is what XXX needs to support them | How often will this happen? | Who will provide this support (named person / people and agency)?\* | Type of provision | Date objective achieved |
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**SECTION 8: OUTCOMES & PROVISION**

**COMMUNITY PAEDIATRICIAN**

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| **DESIRED LONG TERM OUTCOME:** |

\* It is anticipated that it will take XX time per week for TA / named support in school / professional to deliver XX input / TA to deliver programme with competence / XX time for Ta to be trained…. Minimum level of staff to be XX e.g. Band 5

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| Desired Short Term Objectives to be achieved in the next 12 months | This is what XXX needs to support them | How often will this happen? | Who will provide this support (named person / people and agency)?\* | Type of provision | Date objective achieved |
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**SECTION 8: OUTCOMES & PROVISION**

**PAEDIATRIC DIETITIAN**

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| **DESIRED LONG TERM OUTCOME:** |

\* It is anticipated that it will take XX time per week for TA / named support in school / professional to deliver XX input / TA to deliver programme with competence / XX time for Ta to be trained…. Minimum level of staff to be XX e.g. Band 5

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| Desired Short Term Objectives to be achieved in the next 12 months | This is what XXX needs to support them | How often will this happen? | Who will provide this support (named person / people and agency)?\* | Type of provision | Date objective achieved |
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**SECTION 8: OUTCOMES & PROVISION**

**PAEDIATRIC LEARNING DISABILITY SERVICE**

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| **DESIRED LONG TERM OUTCOME:** |

\* It is anticipated that it will take XX time per week for TA / named support in school / professional to deliver XX input / TA to deliver programme with competence / XX time for Ta to be trained…. Minimum level of staff to be XX e.g. Band 5

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| --- | --- | --- | --- | --- | --- |
| Desired Short Term Objectives to be achieved in the next 12 months | This is what XXX needs to support them | How often will this happen? | Who will provide this support (named person / people and agency)?\* | Type of provision | Date objective achieved |
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**SECTION 8: OUTCOMES & PROVISION**

**PAEDIATRIC OCCUPATIONAL THERAPIST**

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| **DESIRED LONG TERM OUTCOME:** |

\* It is anticipated that it will take XX time per week for TA / named support in school / professional to deliver XX input / TA to deliver programme with competence / XX time for Ta to be trained…. Minimum level of staff to be XX e.g. Band 5

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| --- | --- | --- | --- | --- | --- |
| Desired Short Term Objectives to be achieved in the next 12 months | This is what XXX needs to support them | How often will this happen? | Who will provide this support (named person / people and agency)?\* | Type of provision | Date objective achieved |
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**SECTION 8: OUTCOMES & PROVISION**

**PAEDIATRIC PHYSIOTHERAPIST**

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| **DESIRED LONG TERM OUTCOME:** |

\* It is anticipated that it will take XX time per week for TA / named support in school / professional to deliver XX input / TA to deliver programme with competence / XX time for Ta to be trained…. Minimum level of staff to be XX e.g. Band 5

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| Desired Short Term Objectives to be achieved in the next 12 months | This is what XXX needs to support them | How often will this happen? | Who will provide this support (named person / people and agency)?\* | Type of provision | Date objective achieved |
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**SECTION 8: OUTCOMES & PROVISION**

**PAEDIATRIC SPEECH & LANGUAGE THERAPIST**

|  |
| --- |
| **DESIRED LONG TERM OUTCOME:** |

\* It is anticipated that it will take XX time per week for TA / named support in school / professional to deliver XX input / TA to deliver programme with competence / XX time for Ta to be trained…. Minimum level of staff to be XX e.g. Band 5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Desired Short Term Objectives to be achieved in the next 12 months | This is what XXX needs to support them | How often will this happen? | Who will provide this support (named person / people and agency)?\* | Type of provision | Date objective achieved |
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**SECTION 8: OUTCOMES & PROVISION**

**OTHER**

|  |
| --- |
| **DESIRED LONG TERM OUTCOME:** |

\* It is anticipated that it will take XX time per week for TA / named support in school / professional to deliver XX input / TA to deliver programme with competence / XX time for Ta to be trained…. Minimum level of staff to be XX e.g. Band 5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Desired Short Term Objectives to be achieved in the next 12 months | This is what XXX needs to support them | How often will this happen? | Who will provide this support (named person / people and agency)?\* | Type of provision | Date objective achieved |
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**SECTION 9: APPENDICES (these can be cut and pasted into the document) *(guidance note: examples include feeding guidelines / positive handling plan / behaviour management plan /seating plan /assessment results)***

**SECTION 10: THIS REPORT HAS BEEN COMPLETED BY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **AUTHOR INITIALS** | **DATE COMPLETED** | **SENIOR NURSE/ PRINCIPAL SERVICE LEAD**  | **DATE** **CHECKED** |
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