HEALTH, FUNCTIONING AND WELLBEING SUMMARY

Name:		DoB:	/ /	Date completed:	/ /

Please fill in this information. It will help professionals to understand what is going well and what worries you most at this time.

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:

Name:		DoB:	/ /	Date completed:	/ /

For each of the following areas please indicate which traffic light colour best matches your level of concern.

No Concerns Does not limit joining in every day activities or enjoying life.

Some Concerns Regularly but intermittently limits joining in every day activities or impacts 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 health			
Airway & breathing issues			
Recurrent chest infections			
Pain			
Seizures (fits, faints, funny turns)			
Eating, drinking, swallowing issues			
Drooling			
Acid reflux (acidy, smelly burps), vomiting			
Constipation (infrequent stools, hard to pass)			
Soiling			
Day time wetting			
Night time wetting			
Period issues			
Ear, nose or throat issues			
Skin issues			
Faltering weight gain			
Overweight issues			
Mobility, moving around			
Hand function			
Personal care (self feeding, washing, dressing, toileting etc.)			
Vision (eyesight)			
Hearing			
Speech, language, communication			
Friendships and relationships, social communication			
Disruptive behaviour			
Emotional issues (mood, anxiety)			
Self-injury			
Sensory sensitivities (e.g. to sounds, textures etc.)			
Pica (eats inappropriate things e.g. soil, metal etc.)			
Learning			
Sleep			
Family issues			
School issues			
Equipment issues			
Housing issues			
Access to leisure activity issues			
Are you well enough supported?			
Do you have enough information about your child's condition and services?			
Other (please specify):			