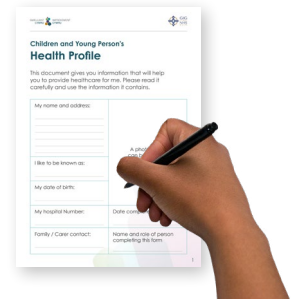


How to fill in your Children and Young Persons Health Profile



Children and Young Person's Health Profile

This document gives you information that will help you to provide healthcare for me. Please read it carefully and use the information it contains.

My name and address:	A photo of me can be put here
I like to be known as:	
My date of birth:	
My hospital Number:	Date completed
Family / Carer contact:	Name and role of person completing this form

Your **Health Profile** gives people information about you. The information will help them to give you the right care at the right time.

This leaflet will help you understand how to fill in your Health Profile.

Everyone is different so write about your health and the help and support that you need.

Children and Young Person's Health Profile

This document gives you information that will help you to provide healthcare for me. Please read it carefully and use the information it contains.

My name and address:	A photo of me can be put here
I like to be known as:	
My date of birth:	
My hospital Number:	Date completed
Family / Carer contact:	Name and role of person completing this form

Important things to remember:

Someone can help you fill in your Health Profile if you want.

Check all your information every year.

If something changes, fill in a new Health Profile.

For example, if your medicine or tablets change, fill in a new Health Profile, change the medicine and change the date you filled in the new form.

Write clearly and give clear information, so it is easier for other people to use the information.

Take your Health Profile to all your health appointments.

How to fill in the **Front Page**



Children and Young Person's
Health Profile

This document gives you information that will help you to provide healthcare for me. Please read it carefully and use the information it contains.

My name and address:

A photo of me can be put here

I like to be known as:

My date of birth:

My hospital Number: Date completed:

Family / Carer contact: Name and title of person completing this form:

Fill in all the information.

You can put a photo of you on the front if you want to.

Every time something changes, fill in a new Health Profile.

How to fill in Page 2 – **About My Health**



My health needs (medical history):

Write about things like;

- Any health conditions, like epilepsy, dementia or diabetes.
- Any health problems you often get, like chest infections.
- Any major operations you have had.



Things I am allergic to:

Write about – anything you are allergic to, like medicine, food or latex.



Tablets or medicine that I take:

Write;

- All the names of all your medicine.
- When you take your medicine.
- How you take your medicine.



The support I need to take my tablets or medicine:

Write about any help you need to take your medicine.



How I will show you or tell you I am in pain or unwell:

Some people can tell other people when they feel unwell or how much pain they are in. Other people like to use pictures. Some people show it in other ways, like making sounds.

Write about how **you** show you are unwell or are in pain.

How to fill in Pages 3 and 4 – **Support**



How I need you to support me:

Write about any help you need with things like:

- Eating and drinking.
- Using a toilet (continence).
- Moving around safely (mobility).
- Personal care, like washing or brushing your teeth.
- Getting enough sleep.
- Remembering things.
- Walking away.
- Seizures.

If you have a care plan, you could attach it to the Health Profile.



How we can best communicate:

Write about things like:

- If you have any problems hearing or seeing.
- If you use anything to help you communicate, like Makaton, symbols or pictures, objects.
- If you need people to use short sentences and clear words.
- If the way you communicate changes when you get anxious or worried, and how people can help you.



Other important things I would like you to know about me:

Write about things like:

- If you have any religious beliefs that are important to you.
- If you have any plans, like a behaviour support plan, an epilepsy plan. You might want to write contact details for any care workers, health professionals or family members who are important to you.



Name of person completing this form:

If someone helped you fill in the form, write their name.

If you filled out the form, write your name.
