CEREBRAL PALSY HEALTH AND WELLNESS RECORD: GMFCS LEVELS I & II

NAME: **DOB:** **AGE:** **DIAGNOSES:**

	2-4 YEARS	4-6 YEARS	6-12 YEARS	12-18 YEARS
FAMILY GOALS: What are your hopes for today's visit? What are your goals for the future? (short-term, long-term)				
HEALTH: Hospitalizations Surgeries Specialists Pain Seizures Nutrition and Growth Physical Activity/Weight Feeding safety Pneumonia/Asthma Gastroesophageal Reflux Saliva Management Constipation **Sleep*** (Hygiene; Snoring/apneas) Vision Hearing Dental Immunizations Hypertonia management Hip Surveillance Orthopedic surgery (>5 years) Mental Health			Puberty - Precocious Body Image/Self- esteem	Puberty - Delayed Body Image/Self- esteem **Scoliosis/Pelvic Obliquity****
Equipment SMO: supramalleolar orthosis AFO: ankle-foot orthosis	□ SMO □ AFO	□ SMO □ AFO	□ SMO □ AFO	□ SMO □ AFO

Accessibility/Independence Bathroom (e.g. grab bars/shower chair for balance/safety) Public transportation/Community Mobility assessment				
Services □ Occupational Therapy □ Physiotherapy □ Speech Language Pathology □ Social Work **Funding** □ Disability Tax Credit □ Assistive Devices Funding	□ Early Intervention	□ Psychoeducational assessment	□ Psychoeducational assessment	Transition to adult services □ Family MD □ Psychoeducational assessment □ Adult Disability Benefits
Development: Gross Motor Fine Motor ADLs/Independence Expressive Language Receptive Language Articulation Social Social Communication Cognitive	□ Preschool/Daycare □ Transition to kindergarten	□ Learning disorders □ Attention/Focus	□ Learning difficulties □ Attention/Focus □ Writing Aids □ Bullying □ Secondary school transition	□ Post-secondary school transition
*When assessing causes of sleep disturbances, in addition to the usual behavioural causes consider seizures and pain as potential contributors **If concerns for scoliosis or pelvic obliquity, reinstate hip surveillance				

CHILD/YOUTH	**CAREGIVER/FAMILY**
PARTICIPATION: Fun/Fitness ● What do you do for fun? To relax? ● What have you done to make it easier to participate? ● In the next 6-12 months, what things would you like to participate in? ● How much screen time do you have per day? (TV, computer, tablet, phone) ● Are there things that interfere with your fun and fitness?	PARTICIPATION: Fun/Fitness ● What do you do fun? ● What do you do to relax? ● What are the things you do that make a difference, but don't cost money? ● Are there things that interfere with your fun or relaxation?
SOCIAL WELLNESS: Friends/Family ● Who are the most important people in your life other than your parents/family?	SOCIAL WELLNESS: Friends/Family ● Who do you have in your life that helps you? ● Who are the most important people in your life? ● Do you have someone you feel comfortable talking to?
EMOTIONAL WELLNESS: ● How are *you* doing? ● Do you feel listened to? ● Do you have chance to talk about what is hard for you? ● What strategies work when you are finding it difficult to cope?	
SUPPORTS & BARRIERS: ● What are the things that prevent you from doing what you want? ● What have you found most helpful in overcoming some of the challenges you talked about? ● What has worked for you in the past?	● Respite? ● Funding? ● Transportation? ● Language? ● Culture?