

Child's name			My Health Plan (Pictorial assessment)	 Berkshire Healthcare NHS Foundation Trust
NHS Number	Date of Birth			

<p>food & drink</p>	<p>my learning</p>	<p>like & dislike</p>	<p>questions about me & my health</p>
<p>Gross motor Fine motor Communication Problem Solving/ cognitive Personal social</p>	<p>keeping safe</p>	<p>cleaning teeth</p> <p>washing and personal care</p>	<p>my sleep</p> <p>height and weight</p>
<p>keeping active</p>	<p>friends & family</p>	<p>hearing</p> <p>eye sight</p>	<p>wishes goals & dreams</p>

Children & Young People in Care Website



Feedback Link
0828 –East team
0837 –West team



17+ Care Leavers Health Summary

- Discussed today **Yes** **No** **N/A**
- How do you want to receive it?
- Do you consent for a copy to be shared with Social Care **Yes** **No**

Care Leavers Free prescriptions

- Discussed today **Yes** **No** **N/A**
- More support needed from Social Care **Yes** **No**

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Additional information

Growth	Current	Previous
Height	cm	cm
Weight	kg	kg
BMI	centile	centile

SDQ (Strength and Difficulties Questionnaire)
Date: _____ **Score:** _____
 Action taken/support needed: _____

EHCP Y/N _____

Appearance/Presentation

Unaccompanied children
 Translator Y/N _____
 Translator details: _____
 Concerns related to journey: _____

Medical history

Current health concerns
 Include last visit to GP (date & reason) -

Medication:	Allergies:
_____	_____

A&E attendance/Hospital admissions

Consent (verbal)

Does the young person consent to:

- The review health assessment:
 Yes No N/A due to capacity (age, LD)
- The obtaining and sharing of relevant health information with other health and children's services including social care and education.
 Yes No N/A due to capacity (age, LD)
- A copy of this health assessment being sent to their GP, Carer, Social Care. Yes No N/A due to capacity (age, LD)

Immunisation status

For unaccompanied children, consider catch up immunisation schedule

Is this child fully immunised for their age?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Immunisations required now	_____
Next one due	_____

Health appointments

Record provider & speciality

Dental Practice
Optician Practice
GP Practice
Other

Health recommendations for the care plan

Outstanding Actions from previous year:

New recommendations:

Have the new recommendations been discussed with the young person?
 Yes No N/A due to capacity (age, LD)

Information gathered from:

Discussion with YP Education Social Worker

Discussion with carer Previous health assessment

Other

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Adult present during review:

Notes

Professional completing the form: Name Date.....Time.....

Role Signature