

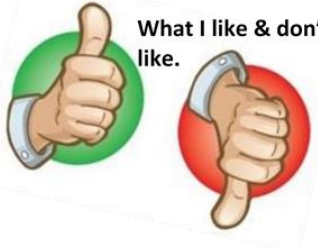














| | | | | | |
|--------------|--|---------------|--|--|---|
| Child's name | | | | My Health Plan (Pictorial assessment) |  Berkshire Healthcare NHS Foundation Trust |
| NHS Number | | Date of Birth | | | |

| | | | |
|---|---|---|---|
| Food and drink  |  My learning |  What I like & don't like. |  My questions about me and my health |
| Gross motor Fine motor Communication Problem Solving/ cognitive Personal social  |  Keeping me safe | Cleaning my teeth  Washing and being clean  |  My sleep  Growth Height & Weight (optional) |
| Keeping active  | My friends and family  |  My hearing  My eyesight | Wishes, Goals and Dreams  |

Child's name

NHS Number

Date of Birth

My Health Plan

(Pictorial assessment)

NHS

Berkshire Healthcare

NHS Foundation Trust

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:

1.The review health assessment:

Yes No N/A due to capacity (age, LD)

2.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)

3.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 / No |
| Immunisations required now | |
| Next one due | |

Health appointments

Record date, provider & speciality

Dental Appointment date/ Practice

Optician Appointment date/ 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

Adult present during review:

Notes

Professional completing the form: Name DateTime

Role Signature