

Spina bifida care plan

for education, child/care and community support services

CONFIDENTIAL

To be completed by the TREATING HEALTH PROFESSIONAL and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT.
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client
Family name (please print) First name (please print) Date of birth

MedicAlert Number (if relevant) Date for next review

Background information

This can include information about spina bifida and how it affects the person (*eg Carol was born with nerve damage which has led to lower limb paralysis, incontinence and loss of sensation below the lesion. Carol has spent a significant amount of time in hospital, undergoing surgery on numerous occasions. This hospitalisation and surgery is ongoing.*)

Learning issues

This person has demonstrated possible learning difficulties in the following areas:

Memory Fine motor skills Problem solving/decision making
Attention Organisation Mathematics
Other (please describe below)

Comments

General Information

Physical (*eg tiredness, headaches, limitations, safety*)

Social (*eg related to friendships, significant others*)

Behavioural (*eg changes, coping strategies*)

Most likely effects of the condition on care, learning and behaviour

Short-term (*timeframe, if possible*)

Long-term (*timeframe, if possible*)

Person's understanding of the condition and its impact

Ongoing or anticipated surgery/therapy program(s) with medical personnel

This plan has been developed for the following services/settings:			
School/education		Outings/camps/holidays/aquatics	
Child/care		Work	
Respite/accommodation		Home	
Transport		Other (<i>please specify</i>)	
AUTHORISATION AND RELEASE			
Health professional		Professional role	
Name of agency/address		Telephone	
Signature		Date	
<i>I have read, understood and agreed with this plan and any attachments indicated above. I approve the release of this information to supervising staff and emergency medical personnel.</i>			
Parent/guardian or adult student/client		Signature	Date
	Family name (please print)	First name (please print)	