

To be placed in the front of patient's notes

Manchester Royal Eye Hospital

Information for Patients

Reasonable Adjustments Required

Person Centered Assessment of Child's Individual Specific needs

| | |
|--|---|
| Patient's Name: | |
| Hospital Number: | Consultant: |
| Additional Needs: | Communication Flag requested on: Patient Administration System <input type="checkbox"/> Chameleon <input type="checkbox"/> Other <input type="checkbox"/> |
| Ethnicity: | DOB: Age: |
| Mental Health Capacity Assessment: (ask if over 16) Yes <input type="checkbox"/> No <input type="checkbox"/> | Contact Numbers: Home: Mobile: |
| Translator / Interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/> | Language: |
| Date Seen: | Department / Clinic: |
| Assessment Completed by who? Professional <input type="checkbox"/> Parent / Carer <input type="checkbox"/> Patient <input type="checkbox"/> Other <input type="checkbox"/> | |
| Signature: | Print / Stamp Name: |
| Parent / Carer / Patient Signature: | Date Completed: |

To be placed in the front of patient's notes

Important points to be aware of on appointment:

Dislikes:



Change of routine



Too much noise



Environment



Absence of structure



Sudden noise



Waiting



Too many people



Tone of voice

Additional comments:

To be placed in the front of patient's notes

Important points to be aware of on appointment:

Likes and Special Interests:



Playing alone



Group games



Books



Computer games



Sensory play



Television



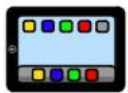
Imaginative play



Drawing/colouring



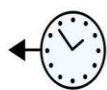
DVD



iPad

Additional comments:

To be placed in the front of patient's notes



Past Hospital Experiences



Has your child / young person been in hospital before?



Yes



No



Comments

To be placed in the front of patient's notes



Communication



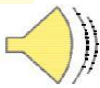
What method of communication does your child / young person use?



Pictures



Verbal



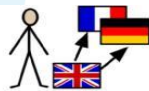
Auditory



Single words



Sensory



Translator required

To be placed in the front of patient's notes

? ++ Do we need to know anything else about your child's / young person's

communication / level of understanding?

Yes

No

Comments

? Do you or your child / young person have an up to date:

Communication passport?

Yes

No

All about me book?

Yes

No

If yes, please bring this with you.

To be placed in the front of patient's notes



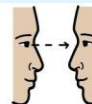
Would you like a story board with photographs?



Yes



No



Does your child / young person make eye contact



Yes



No

To be placed in the front of patient's notes

?
Does your child / young person have any familiar phrases

that would be helpful to staff?

Yes

No

Comments

?
Is there anything you need to bring with you?

Yes

No

Comments

To be placed in the front of patient's notes



Does your child / young person have any mobility problems?



Yes



No



Comments

To be placed in the front of patient's notes



Pain



What was your child's / young person's experience of pain?



Communicate pain verbally



Point to area of pain



Screams



Hitting self



Hitting others



Don't know



Unable to communicate pain



Comments

To be placed in the front of patient's notes



Behaviour

?

Does your child / young person easily become

Anxious

Frustrated

Challenging

Non-compliant

Comments

?

How does your child's / young person's behaviour present itself?

Withdrawn

Self harm

Angry

Aggressive

Comments

To be placed in the front of patient's notes



Medical Procedures



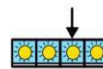
Does your child / young person allow contact?



Yes



No



Sometimes



Will your child / young person engage with nursing / medical procedures?



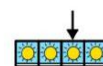
Attending Clinics
e.g. out patients



Yes



No



Sometimes





















Don't know



Comments

To be placed in the front of patient's notes

| | | | | |
|---|--|--|--|---|
|  <p>Having eye drops administered</p> |  Yes <input type="checkbox"/> |  No <input type="checkbox"/> |  Sometimes <input type="checkbox"/> |  Don't know <input type="checkbox"/> |
|  Comments | | | | |
|  <p>Having one eye patched or covered</p> |  Yes <input type="checkbox"/> |  No <input type="checkbox"/> |  Sometimes <input type="checkbox"/> |  Don't know <input type="checkbox"/> |
|  Comments | | | | |
|  <p>Wearing glasses</p> |  Yes <input type="checkbox"/> |  No <input type="checkbox"/> |  Sometimes <input type="checkbox"/> |  Don't know <input type="checkbox"/> |
|  Comments | | | | |

To be placed in the front of patient's notes



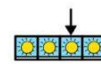
Examined by
a doctor,
nurse,
orthoptist or
optometrist



Yes



No



Sometimes



Don't know



Comments

To be placed in the front of patient's notes



Education



What nursery / school / college does your child / young person attend?



Name of contact



Address



Email



Would you like us to contact the nursery/school/college,



to help with your child's / young person's hospital visit?



Yes



No



Comments

-
-

To be placed in the front of patient's notes



Additional Information



Is there any further information you want to tell us about



your child's / young person's stay in hospital?



Yes



No



Comments