

**CEREBRAL PALSY HEALTH AND WELLNESS RECORD: GMFCS LEVELS III to V**

Peggy Curtis, Ashleigh Townley, Amber Makino, Scott McLeod, and Anne Kawamura

**NAME:**

**DOB:**

**AGE:**

**DIAGNOSES:**

	2-4 YEARS	4-6 YEARS	6-12 YEARS	12-18 YEARS
<p><b>FAMILY GOALS:</b> What are your hopes for today's visit?</p> <p>What are your goals for the future? (short-term, long-term)</p> <p>How are you managing? (see child &amp; family wellness questions below)</p>				
<p><b>HEALTH:</b> Hospitalizations Surgeries Specialists Pain Seizures Nutrition and Growth <b>Osteopenia Guidelines†</b> Physical Activity/Weight Feeding safety Pneumonia/Asthma Gastroesophageal <b>Saliva Management†</b> Constipation Sleep* (Hygiene; Snoring/apneas) Vision Hearing Dental Immunizations</p>			<p>Puberty - Precocious Healthy Sexuality Body Image/Self-esteem</p>	<p>Puberty - Delayed Healthy Sexuality Body Image/Self-esteem</p>

<p>Hypertonia management  <b>Hip Subluxation Surveillance†</b>  <b>Scoliosis</b>  Orthopedic surgery (&gt;5 years)</p> <p>Mental Health</p>				Scoliosis/Pelvic Obliquity**
<b>Equipment</b> SMO: supramalleolar orthosis AFO: ankle-foot orthosis WC: wheelchair	<input type="checkbox"/> SMO <input type="checkbox"/> Canes <input type="checkbox"/> AFO <input type="checkbox"/> Walker <input type="checkbox"/> Splints <input type="checkbox"/> Stander	<input type="checkbox"/> SMO <input type="checkbox"/> Canes <input type="checkbox"/> AFO <input type="checkbox"/> Walker <input type="checkbox"/> Splints <input type="checkbox"/> Stander <input type="checkbox"/> WC	<input type="checkbox"/> SMO <input type="checkbox"/> Canes <input type="checkbox"/> AFO <input type="checkbox"/> Walker <input type="checkbox"/> Splints <input type="checkbox"/> Stander <input type="checkbox"/> Lifts <input type="checkbox"/> WC	<input type="checkbox"/> SMO <input type="checkbox"/> Canes <input type="checkbox"/> AFO <input type="checkbox"/> Walker <input type="checkbox"/> Splints <input type="checkbox"/> Stander <input type="checkbox"/> Lifts <input type="checkbox"/> WC
<b>Accessibility/Independence</b> <ul style="list-style-type: none"> <li>● Bathroom (e.g. grab bars, shower chair, commode, renovations)</li> <li>● Entrances (e.g. lifts/ramps)</li> <li>● School safety/accessibility</li> <li>● Public transportation</li> <li>● Community Mobility assessment</li> <li>● Community-based home care supports</li> </ul>			<input type="checkbox"/> Powered mobility	<input type="checkbox"/> Powered mobility
<b>Therapy/Services</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Occupational Therapy</li> <li><input type="checkbox"/> Physiotherapy</li> <li><input type="checkbox"/> Speech Language Pathology</li> <li><input type="checkbox"/> Social Work</li> </ul>	<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Psychoeducational assessment	<input type="checkbox"/> Psychoeducational assessment	Transition to adult services <ul style="list-style-type: none"> <li><input type="checkbox"/> Family MD</li> <li><input type="checkbox"/> Psychoeducational assessment</li> <li><input type="checkbox"/> Adult Disability Benefits</li> </ul>

<b>Funding/Supports</b> <input type="checkbox"/> Provincial Disability Support Funds <input type="checkbox"/> Disability Tax Credit <input type="checkbox"/> Assistive Devices Funding <input type="checkbox"/> CP Support Groups				
<b>Development:</b> Gross Motor Fine Motor ADLs/Independence Expressive Language Receptive Language Articulation Social Social Communication Cognitive	<input type="checkbox"/> Preschool/Daycare <input type="checkbox"/> Transition to kindergarten	<input type="checkbox"/> Learning disorders <input type="checkbox"/> Attention/Focus <input type="checkbox"/> Communication Devices/Writing Aids	<input type="checkbox"/> Learning difficulties <input type="checkbox"/> Attention/Focus <input type="checkbox"/> Communication Devices/Writing Aids <input type="checkbox"/> Bullying <input type="checkbox"/> Secondary school transition	<input type="checkbox"/> Post-secondary school transition

† See American Academy of Cerebral Palsy and Developmental Medicine Care Pathway:

<https://www.aacpdm.org/publications/care-pathways>

\*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
<p>PARTICIPATION: Fun/Fitness</p> <ul style="list-style-type: none"> <li>● What do you do for fun? To relax?</li> <li>● What have you done to make it easier to participate?</li> <li>● In the next 6-12 months, what things would you like to participate in?</li> <li>● How much screen time do you have per day? (TV, computer, tablet, phone)</li> <li>● Are there things that interfere with your fun and fitness?</li> </ul>	<p>PARTICIPATION: Fun/Fitness</p> <ul style="list-style-type: none"> <li>● What do you do for fun?</li> <li>● What do you do to relax?</li> <li>● What are the things you do that make a difference, but don't cost money?</li> <li>● Are there things that interfere with your fun or relaxation?</li> </ul>
<p>SOCIAL WELLNESS: Friends/Family</p> <ul style="list-style-type: none"> <li>● Who are the most important people in your life other than your parents/family?</li> </ul>	<p>SOCIAL WELLNESS: Friends/Family</p> <ul style="list-style-type: none"> <li>● Who do you have in your life that helps you?</li> <li>● Who are the most important people in your life?</li> <li>● Do you have someone you feel comfortable talking to?</li> </ul>
<p>EMOTIONAL WELLNESS:</p> <ul style="list-style-type: none"> <li>● How are <i>you</i> doing?</li> <li>● Do you feel listened to?</li> <li>● Do you have a chance to talk about what is hard for you?</li> <li>● What strategies work when you are finding it difficult to cope?</li> </ul>	
<p>SUPPORTS &amp; BARRIERS:</p> <ul style="list-style-type: none"> <li>● What are the things that prevent you from doing what you want?</li> <li>● What have you found most helpful in overcoming some of the challenges you talked about?</li> <li>● What has worked for you in the past?</li> </ul>	<ul style="list-style-type: none"> <li>● Respite?</li> <li>● Funding?</li> <li>● Transportation?</li> <li>● Language?</li> <li>● Culture?</li> </ul>