

Name

I like to
be called

Date of birth:

Additional health conditions/health intervention support

i Health professionals use this page to summarise your specific medical interventions and the reasonable adjustments you use to enable this.

Area of Health: (e.g Epilepsy/Physiotherapy for respiratory/SALT)	
Health professionals involved, names and contact details:	
Start date/timeframe of intervention:	
Current intervention/ health plan: (if the plan relates to physical support e.g sleep systems or positioning then consider adding photos to help demonstrate correct positions and equipment)	
Medication/medication plan (if applicable):	

Top tips/reasonable adjustments to support the delivery of this plan (for use should a different clinician be required to pick up this role):

i (See guidance, remember to consider all areas of TEACH and whether adding photos will aid someone to support this person in your absence.)

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