IMMUNIZATION RECORD

To be filled out as fully as possible at the initial visit and updated as immunisations are given.
Check each year at the annual health review please.

Vaccine	Dose	Date(s)/ Year(s)	Reaction

ALLERGY RECORD

To be filled out as fully as possible at the initial visit and updated as allergies/drug reactions occur
Please check each year at the annual health review.

Year Developed	Substance or drug	**Reaction** (nature, severity)

SIGNIFICANT FAMILY HISTORY

List known family history at initial completion and add relevant information as it becomes known.

Condition or Illness	**Relationship to patient**

COMMUNICATION SKILLS AND STRATEGIES

(do not complete if there are no communication problems or delay)
(fill in as each level is reached, or, for adults, tick the highest skill levels attained)

Communication skill or strategy	**Age when attained or adopted**
Understands simple spoken language	
Good understanding of spoken language	
Basic verbal skills, simple words	
Good verbal skills, adequate language	
No difficulty with communication	
Understands simple signing	
Good understanding of signing system	
Uses basic signing or gestures	
Good or adequate signing skills	
Understands symbols or pictures (eg communication board)	
Understands simple written language	
Literate, reads adequately	
Basic number and money skills	
Adequate number and money skills	
Simple drawing or writing skills	
Adequate written language	
Uses augmentative or assisted communication system (AAC)	
Details of AAC:	
Other:	