



Individual Care Plan

Essential Information

Name Date of birth Male/Female

Nationality Ethnicity Religion

Language(s) spoken at home

Diagnosis/nature of disability

Home address
 Postcode

What borough or district boundary do you reside in?

Key workers name Key work contact

Does you or your family have any social services involvement? If yes, please provide details

Parent's / Guardian details

1. Name <input type="text"/>	2. Name <input type="text"/>
Relationship <input type="text"/>	Relationship <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
<input type="text"/> Postcode	<input type="text"/> Postcode
Email <input type="text"/>	Email <input type="text"/>
Place of work <input type="text"/>	Place of work <input type="text"/>
Tel (Home) <input type="text"/>	Tel (Home) <input type="text"/>
Tel (Mobile) <input type="text"/>	Tel (Mobile) <input type="text"/>
Tel (Work) <input type="text"/>	Tel (Work) <input type="text"/>

Significant people in life are

Contact details in case of emergencies (other than parents/guardians)

Name	<input type="text"/>	Name	<input type="text"/>
Relationship to you	<input type="text"/>	Relationship to you	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	Postcode		Postcode
Telephone	<input type="text"/>	Telephone	<input type="text"/>
Mobile	<input type="text"/>	Mobile	<input type="text"/>

Health and medication

Do you take any regular medication?

Will you need to take any regular medication whilst in YMCA East Surrey's care?

Does you have any emergency medication (e.g. Midazolam, Epipen)?

A medication form must be completed before staff at YMCA East Surrey can administer any medication to your child

Doctor's details (please include name, address and telephone number)

Name	<input type="text"/>	Address	<input type="text"/>
Telephone	<input type="text"/>		Postcode

Do any of the following apply to you?

Epilepsy	<input type="checkbox"/>	Mobility aids	<input type="checkbox"/>
Gastrostomy/nasogastric tube	<input type="checkbox"/>	Allergies	<input type="checkbox"/>
Colostomy/Ileostomy bag	<input type="checkbox"/>	Other	
Urology bag/catheter	<input type="checkbox"/>	Please provide more information on any boxes checked	
Shunt	<input type="checkbox"/>	
Hearing impairment	<input type="checkbox"/>	
Visual impairment	<input type="checkbox"/>	

Personal care

Does you nappies/pads? Yes No

Please tell us about your toileting needs and what support is required

Please tell us how you communicate?

Communicate by

Show happiness by

Show sadness by

Show feeling unwell by

Show anxiety by

Show frustration/anger by

Food and drink

I do not like to eat

I must not eat (please state why ie: allergies, cultural/religious requirements or special diet?)

I will tell you when I have had enough by

My can feed myself Yes No If no, what support is required?

Activities

I enjoy the following activities

The following activities may make me anxious or upset

Staff can support me by

Behaviour (please tell us about)

Any challenging behaviour you can display? (e.g., hitting, biting, stripping, swearing etc)

Any common causes of anxiety for you? (e.g., loud noises, demands, balloons etc)

Any behavioural management techniques that you find successful to cope with the above?

Anything you find soothing and calming

Any skills or behaviours that you are trying to promote or discourage

Consent and permissions

I give permission for personal information about me to be shared with other YMCA East Surrey project staff when appropriate. Yes No

I give consent for personal information about me to be shared with other Short Break providers, along with other professionals and agencies (e.g. doctors, social care). Yes No

I give consent for photographs or video footage of me to be used in YMCA East Surrey publicity materials (including the website, social media, annual review, project flyers and other publicity materials). Yes No

I give permission for YMCA staff to apply sun cream to me. Yes No

By signing the below, I the legal guardian of the above give consent for them to take part in YMCA East Surrey's activities programme to go on any trips arrange. I give consent for YMCA East Surrey to store care and or medical information about the above on site and on external trips. I am happy YMCA East Surrey to administer basic first aid and to act in the best interests in case of any emergency.

Signed
(Individual signature)

PRINT NAME

Date

Signed (YMCA
Project co-ordinator)

PRINT NAME

Date



FOR STAFF USE ONLY

Category:

Behaviour plan required: YES/NO

Risk assessment required: YES/NO

Date for document review: