**2.1 Talking to healthcare professionals about my CP**

When meeting new healthcare professionals, it’s important they understand your diagnoses and preferences clearly.

You can fill out this form before an appointment to give to the healthcare professional or use it as a guide to highlight key points during your appointment.

Not all information in this form will be necessary to share with every healthcare professional you see, so include what feels relevant, and share as much or as little detail as you are comfortable with.

|  |  |
| --- | --- |
| Name: |  |
| Date of birth: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **The type of CP I experience:** | | | | | | |
| Spastic | Dyskinetic | | Ataxic | Hypotonic | | Mixed  Spastic  Dyskinetic  Ataxic  Hypotonic |
| **The parts of my body that are impacted by CP:** | | | | | | |
| One side only (hemiplegia)  Left Right | | Both legs, primarily (diplegia) | | | Both arms and legs (quadreplegia) | |
| **How CP affects my daily life:**  (Think about things like movement, balance, fatigue, work, study, relationships, and recreation etc.). | | | | | | |
| **Summary of my health background:** | | | | | | |
| Share a brief overview of any **previous treatments, therapies, or interventions** that have helped or didn’t work. | | | | | | |
| **My communication preferences:** | | | | | | |
| I communicate verbally.  To communicate with me at our appointments I will use (what communication device/s).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I often use non-verbal cues to communicate. My most common non-verbal cues are:     * *e.g., eyes up to indicate I agree, or I moan when I am in pain* | | | | | | |
| **Decisions about me:**  *Tick all the apply* | | | | | | |
| I would like to be addressed directly during our conversation, as I will be making my own healthcare decisions.    I would like my caregiver to assist me during our conversation, but I want to be the one making the final decision.  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To assist me in making healthcare decisions, please:  Check in with me regularly to get my thoughts on what is being discussed.  Present options in a clear and accessible manner, using plain language.  Where possible, use visual aids.  Encourage me to use my communication cues and style to express my preferences and  feelings  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **My health goals:** | | | | | | |
| Take some time to think about any **health goals** you want to achieve, sharing these will help to guide your care. Consider how healthcare professionals can help you reach these health goals.  *For example, you might want to* ***build strength, improve mobility,*** *or* ***manage back pain****.* | | | | | | |
| **Other information:** | | | | | | |
| If there are any other things you think are important to share with your healthcare professional, please write them below: | | | | | | |