

Talking to healthcare professionals about my cerebral palsy (CP)

NOTE: This form is not a full medical history. It is an optional overview to support communication and decision-making when **meeting new healthcare professionals**.

You can use it to **highlight key information about your CP**, your **healthcare needs**, and **preferences**.

You may like to email this form to the healthcare professional before your appointment, and/or bring a printed copy with you to refer to during the consultation.

Not all information in this form will be relevant for every practitioner. Fill in the sections that feel most important to you, and share only what you're comfortable with.

Your name:

Date of birth:
(DD/MM/YY)

The type of CP I experience:

Spastic

Dyskinetic

Ataxic

Mixed

Spastic

Dyskinetic

The parts of my body that are impacted by CP:

**One side only
(hemiplegia)**

Left

Right

**Both legs, primarily
(diplegia)**

**Both arms and legs,
(quadriplegia)**

I usually attend appointments:

By myself.

With _____
(e.g., parent, caregiver, support worker, friend)

They attend so that they: (tick all that apply)

take notes

help me transfer

help me communicate

drive me to the appointment

Accessibility needs for an appointment: (if applicable)

I use a hoist for transfers.

If I need to transfer in the appointment, I will:

not need assistance

need assistance from someone

need equipment: _____

Other: _____

Summary of my health background:

Share a brief overview of any **previous treatments, therapies, or interventions** that are **relevant to the service or healthcare provider you are seeing**. This might include things that have helped or didn't work. **Focus on what's most important for this appointment**. Clinicians may already have access to your full medical records through referrals.

e.g., seeing a physiotherapist to improve strength & balance: Gradually building up exercise programs works best for me or my fatigue is too much





My communication preferences:

How do you usually say “yes” or “no”?

(Tick all that apply) or explain in your own words)

- I speak verbally.
- I nod/shake my head.
- I use a communication device: _____
- I often use non-verbal cues to communicate.
 - facial expressions
 - gestures or signs (e.g., thumbs up/down)
 - Other: _____
(e.g., eyes up to indicate I agree, or I moan when I am in pain)

Anything else?

I like to receive information by: (Tick all that apply)

- Spoken explanations.
- Written information.
- Visuals or diagrams.
- Easy Read or plain language.
- Communication device support.
- Auslan interpreter.
- Support person to help me understand.
- Other: _____

How I want to make and share my healthcare decision/s:

(Tick all that apply)

- I like to make my own healthcare decisions alone.
- I like to make my own healthcare decisions with the support of a trusted person/caregiver.
- Sometimes I like a caregiver to make the decision. But always ask me first.
- I prefer for my caregiver/trusted person to decide for me most of the time.
- I use a communication device or other supports to communicate my decisions.
- Other: _____

To assist me in making healthcare decisions, please:

(Tick all that apply)

- 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.
- Give me time to think about my decision.
 - I want extra time to understand information
 - I want extra time to respond to information

In this appointment, I would like to talk about...

List the main things you'd like to cover in your appointment:

-
-
-
-
-



Other information:

If there are any other things you think are important to share with your healthcare professional (such as co-existing conditions), please write them below:

The plan next/follow up:

At the end of the appointment, my preference is to:

- Have a written plan for what is next and who is responsible.
- Have a follow up phone call / email.
- Other: _____