## (Health Handbook)

People with physical disabilities may face challenges with physical checkups or medical treatments, due to their deficits in communication skills.

In order to assist in their doctor's visit, treating clinicians and the family members are encouraged to fill in necessary information such as general health condition, consultation history and anything that requires special attention. Please make use of this handbook in your practice by referring to it as part of the patient's medical record. Any relevant information filled within this handbook will be important to ensure that care is coordinated among all health care professionals involved. Thank you in advance for your understanding and support.

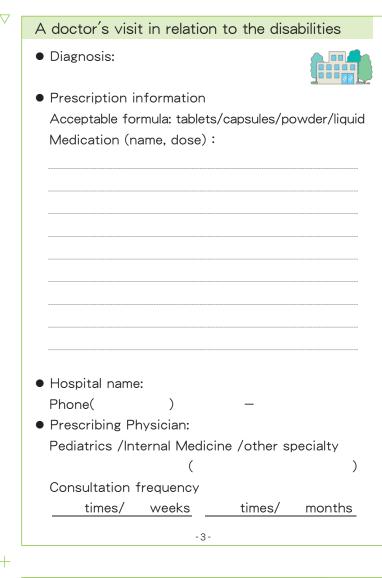
Name					
	Gender ( male / female )				
Nickname_					
	Birthday	<b>y/</b>	m/	d	

### Contact Information

- Names of the parents or caregivers: (describe relationship)
- Address 〒
- Telephone: ( Cell Phone: (
- Other contacts:

### Level of function, Disability Category

- Physical disability certificate(level ("Shintai Shogaisha Techo") Category: physical / auditory / vision / others
- Functional status rolling over(able / unable ) sitting(able / unable ) standing(able / unable) walking(able / unable)
- Intellectual disability( Yes No ) (intellectual capability of years old)
- Disability Certificate("Ryoiku Techo"): not yet applied · not applicable mild(C) • moderate(B) • severe(A)



Date	/	/		

This brochure can be downloaded from our website. It may be reproduced or copied without permission. Two kinds of brochures are available; "Child with physical disability" and "Child with intellectual disability or developmental disorders". It is our wish that both the patient and the

medical institution will benefit from this handbook. Let us know if you have any questions or encounter any issues.

Issued by the City of Toyota



Phone: 0565-32-8980 Fax: 0565-32-8987 Address: 2-19 Nishiyama-cho, Toyota 471-0062, Toyota Municipal Child Development Center E-mail: fukushijigyodan@city.toyota.aichi.jp Web site: http://www.fukushijigyodan.toyota.aichi.jp

Genera	l Physical	Condition
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- Weight Height (date
- Temperature
- Blood Type
- O<sub>2</sub> saturation(
- Blood Pressure( ) (date
- Allergies Yes / No
- Contraindication Yes / No
- Epileptic Attack Yes / No (How often?

* measures	taken	in	case	of	the	attack

Haalth	care	needs	medical	interve	ntio
meaith	care	neeas.	medical	interve	กแด

- Feeding (solids, tube feeding, both)
- Fluids (food thickeners required / not required)
- Food preparation (regular foods/ chopped / ground / minced / puréed)
- Tube feeding (nasogastric / gastrostomy / enterostomy)
- Details:(Tube size . brand name
- Aspiration (not required / oro-nasal / tracheal )
- Respiration management (not required / nasal airway / O2 treatment / ventilator ) Details:(
- Urinary catheterization (not required / required ) Tube size (
- Inhalation (not required / required) Details:(
- Orthotic device electric wheel chair / wheel chair / walker / cane / orthopedic sitting device / upper limb orthosis / lower limb orthosis / others (
- Other medical needs:

# \* Comfortable posture:

Mobility conditions

- \* Joint contraction (part of the body:
- \*Restriction of movement (ioint:

#### Communication skills

- \* Comprehension spoken language (sentences • words) • letters(alphabet) • pictures / photos • showing actual objects · none of the above
- \* Expression spoken language (sentences • words) • sign language • writing • pointing • vocalization • none of the above (

### Additional information

(Likes and dislikes, useful items or means to relieve anxiety, etc):



