

【Health Handbook】

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

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 _____

Birthdate _____ y/ m/ d


Contact Information

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

Level of function, Disability Category

- Mental Handicap (Yes • No) (intellectual capability of _____ years old)
- Disability Certificate ("Ryoiku Techo"): not yet applied • not applicable mild(C) • moderate(B) • severe(A)
- Autism • Asperger Syndrome • Pervasive Developmental Disorder (PDD)
- ADHD (Attention Deficit Hyperactive Disorder)
- Others (_____)

A doctor's visit in relation to the disabilities

- Diagnosis: 
- Prescription information
Acceptable formula: tablets/capsules/powder/liquid
Medication (name, dose) : _____
- Hospital name:
Phone(_____) _____
- Prescribing Physician:
Pediatrics /Internal Medicine /other specialty
(_____)
- Consultation frequency
_____ times/ _____ months

- Details of recent medical condition that requires special attention:

Date _____ / _____ / _____

Written by: _____



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



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Web site: http://www.fukushijigyodan.toyota.aichi.jp

General Physical Condition

- Height _____ cm Weight _____ kg (date y/ m/ d)
- Temperature _____ °C (_____ F)
- Blood Type _____ Rh(_____)
- Blood Pressure(_____ / _____) (date /)
- Allergies Yes / No { allergen: _____ }
- Contraindication Yes / No { drug name: _____ }
- Epileptic Attack Yes / No (How often? _____)

* measures taken in case of the attack

Dislikes, weaknesses (put O that applies)

- physical contact (body/head/ears) • loud noise • smell of disinfectant • darkness • crowd of people • waiting patiently • meeting strangers • unfamiliar places or events • pain • lab coat • lying upwards/downwards • physical examination (measurement) • others

Examination/procedures received in the past

- (well tolerated O difficult Δ unable X)
- stethoscope • throat examination • ECG (electrocardiogram) • ultrasound exam • X-ray • CT • MRI • EEG (electroencephalogram) • drawing blood • intravenous drip • injection • eye drop • suturing/disinfecting wound • others

Likes

(items or means to encourage the child or relieve anxiety)

Communication skills (put O that applies)

- Comprehensible language level
long sentences • short simple sentence • words • letters(alphabet) • pictures/photos • showing actual objects • none of the above
- Expressing needs or feelings
long sentence • short simple phrases • words • letters(alphabet) • pictures/photos • gestures • pointing to pictures or objects • none of the above (_____)
- Effective tools or means to communicate;

Family Doctor



● Clinic or Hospital:

Phone () -

● Dentist:

Phone () -

Familiar Prescription

(e.g. antibiotic, pain killer, antidiarrhea)

Blank lined area for familiar prescription details.

Additional Information

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Date / /

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Additional Information

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Date / /

Written by:

Additional Information

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Date / /

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Medical history

● Diagnosis:
Doctor/Hospital:
(Pediatrics /Internal Medicine /other specialty)

Course of illness:

● Diagnosis:
Doctor/Hospital:
(Pediatrics /Internal Medicine /other specialty)

Course of illness:

● Diagnosis:
Doctor/Hospital:
(Pediatrics /Internal Medicine /other specialty)

Course of illness:



Additional Information

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