

CP Clinic Assessment & Profile

Date of Assessment:	
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DEMOGRAPHIC & SOCIAL DETAILS

Can be filled in by a Parent Facilitator or the caregiver

Child's name			
Date of birth		Sex	M / F
Caregiver's name		Relationship	
Tel No 1		Tel No 2	
Address			
Is the child receiving a grant? Y / N		What type of grant?	
Is the child attending a school? Y / N		If no, why not?	

Relevant birth & medical history

Was the child born at full term or how many months?
 Was it a natural birth or C-section?
 Were there any complications at birth?
 Did the child cry immediately after birth?
 Other information?

Does the child have fits?	Y / N	Is the child on medication for fits?	Y / N
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Social information

Who lives with you and the child?
 Who helps you care for the child at home?
 How many other children are you caring for?
 Is your house near the road?
 Do you have water and electricity?

Caregiver's main concerns for the child:

What are you concerned about for your child?

CLASSIFICATION DETAILS

CP Subtype and distribution	
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GMFCS	
1	Can walk, run and jump. Can climb stairs without holding onto anything.
2	Can walk. Can climb stairs holding onto the wall/railing.
3	Can walk independantly with a hand held device or can self-propel a wheelchair.
4	Can move along the floor. Can roll from stomach to back and back to stomach.
5	Cannot move along the floor or roll.

CFCS	
1	Effective Sender and Receiver with unfamiliar and familiar partners.
2	Effective but slower paced Sender and/or Receiver with unfamiliar and/or familiar partners.
3	Effective Sender and Receiver with familiar partners.
4	Inconsistent Sender and/or Receiver with familiar partners.
5	Seldom effective Sender and Receiver even with familiar partners.

MACS	
1	Handles objects easily and successfully.
2	Handles most objects but with somewhat reduced quality and/or speed of achievement.
3	Handles objects with difficulty; needs help to prepare and/or modify activities.
4	Handles a limited selection of easily managed objects in adapted situations.
5	Does not handle objects and has severely limited ability to perform even simple actions.

EDACS	
1	Eats and drinks safely and efficiently.
2	Eats and drinks safely but with some limitations to efficiency.
3	Eats and drinks with some limitations to safety; there may be limitations to efficiency.
4	East and drinks with significant limitations to safety.
5	Unable to eat or drink safely - tube feeding may be considered to provide nutrition.

EQUIPMENT STATUS

Equipment <i>(fill in date of each step)</i>	Needs it	Order form completed	Order sent	Equipment Issued	Follow-up date given	Followed-up at home
Buggy						
Wheelchair						
Posture Chair						
Standing Frame						
Bench						
Rollator						
Splints for hands						
Soft splints for arms/legs						
Orthotics						

THERAPY PLAN (Using ICF Framework)

Body Structure & Function

How does CP affect this child's body, quality of tone and movement?
What associated impairments are interfering?

Activity Limitations

What actions or tasks can this child not do independently?
What actions or tasks can this child nearly do?

Factors affecting the child's ability to participate



Participation Restrictions

What problems does this child experience in being included in daily activities, making decisions, family and life situations, or community activities?

Preparation Goals

What preparation does this child's body require for function?

Functional Goals

What goals are you working on for this child for the next 6 months?
What are the next steps to seeing this child improve?

Personal Factors

What factors specific to the child are influencing their participation?
(age, weight, gender, motivation, behaviour, stage of play, likes/dislikes)

Environmental Factors

What factors outside of the child's control are impacting on the child's participation?
(family, cultural beliefs, physical environment, finances, school requirements, play mates, parent's level of education)

Factors affecting the child's ability to reach their potential



FUNCTIONAL ABILITIES SCALE

Dressing/Undressing	Unable to do it	Needs a lot of help	Almost independent	Independent	Too young
Going to the toilet alone	Uses nappies	Needs help	Independent with the right equipment	Independent	
Can indicate need to go to toilet?	Unable to do it	Knows when needs a change	Yes		
Grooming	Unable to do it	Needs a lot of help	Almost independent	Independent	Too young
Bathing	Unable to do it	Needs a lot of help	Almost independent	Independent	Too young
Drinking	Spoon fed by caregiver	Bottle fed by caregiver	Cup fed by caregiver Cut out / regular	Independent with adapted cup etc	Independent
Feeding	Cup fed by caregiver	Spoon fed by caregiver	Uses hands to eat independently	Uses spoon independently	Other
Food textures	Soft pureed food	Soft food with lumps	Eats all foods	Comments:	
Rolling/changing position	Unable to do it	Needs a lot of help	Almost independent	Independent	Too young
Sitting	Unable to do it	Needs a lot of help	Almost independent	Independent	Too young
Crawling/moving along the floor	Unable to do it	Needs a lot of help	Almost independent	Independent	Too young
Standing	Unable to do it	Needs a lot of help	Almost independent	Independent	Too young
Walking	Unable to do it	Needs a lot of help	Almost independent	Independent	Too young
Communication - expressive	Not communicating	Uses basic sounds/gestures	Effective only with familiar partners	Effective communication	Uses AAC
Communication - receptive (understand what others are saying)	Minimal understanding	Knows familiar routines	Understands most things	Understands everything	
Playing	Unable to do it	Needs a lot of help	Almost independent	Independent	
What are the three activities the caregiver would like to see changes in?	<ol style="list-style-type: none"> 1. 2. 3. 	<p>How does the caregiver think that the child is performing in these activities now? (circle the correct number)</p>	<ol style="list-style-type: none"> 1. 1 2 3 4 5 6 7 8 9 10 2. 1 2 3 4 5 6 7 8 9 10 3. 1 2 3 4 5 6 7 8 9 10 		

Follow up	Date:
Progress since last visit and any new concerns:	
Intervention - what did we do today?	
Plan - what needs to be done or followed up?	

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