Bath and North East Somerset, Swindon and Wiltshire Community Health

NHS Providing NHS services

Name of child/young person:
D.o.B.: **NHS no.:**

This 'Two Page Profile' has been designed to help support visits to the hearing clinic. If you think this would be helpful, please complete the parent/carer section and child/young person's section and bring it with you to their appointment. Alternatively, if you would like us to read it in advance of their visit, please post or email it to us (details can be found on the appointment letter). Please note the email will not be secure unless you contact us to arrange this. If you require any additional copies of either section, they can be downloaded from our website. If you need any help with filling in your responses, please contact us (details on the appointment letter) and we can arrange for a member of our team to support you with this. We can provide the information in different formats and languages on request.

Further information about supporting your child with coming to the hearing clinic can be found on our website, including a social story with pictures of our staff, rooms, and things your child may see and do.

If you have any other queries or questions about the appointment, please contact us.

Parent/carer section

What is your name?	
What is your relationship to child? e.g., parent/carer	
Does your child have any formal diagnoses e.g., Syndromes, Autistic Spectrum Disorder, Attention Deficit Disorder, etc	
What is your child's school or education setting called?	
Do you have any concerns about your child's ears and hearing that you would like us to know in advance of their appointment?	

Please turn over to complete child/young person section

Part of hcrg Care Group

HCRG Care Services Ltd,
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To find out how we use and protect your information, see our privacy notice at bswcommunityhealth.co.uk

Name of child/young person:
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Child/young person's section

I like to be called (name/ nickname)

Languages I know

Things that help me to feel comfortable e.g., my favourite toy

Things I like/enjoy

How to communicate with me e.g., speech, gestures or pictures, sign language

Things I am good at/am interested in

How I feel in different situations e.g., I take time to get used to new places

Things I don't like or worry about e.g., I don't like being touched, I'm scared of animals

People who are important to me (adults and friends)