



Sydney Children's Hospital, Randwick  
High Street  
Randwick NSW 2031

<http://www.sch.edu.au>

Main Telephone No.: (02) 9382 1111

**If this Patient Held Record is found please return to:**

Patient Friend  
Sydney Children's Hospital  
High Street  
Randwick NSW 2031  
Telephone No.: (02) 9382 0680

**Name:** .....  
**Hospital Number:** .....



# SYDNEY CHILDREN'S HOSPITAL RANDWICK

Based on "Family File" from Great Ormond Street Hospital for Children,  
NHS Trust, London  
and adapted with permission.

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# Introduction

This Patient Held Record (PHR) has been designed especially for children and families at SCH. You can use this file to store information that helps to make your time with us and in the community easier.

## Your Patient Held Record provides you:

- with a handy place to record information about your treatment and care – *keep information tailored to every child's individual needs;*
- with a place to keep all relevant information together – *a document to be used in conjunction with the medical record;*
- with help in getting the care and support you need by identifying a Coordinating Clinician – one professional within SCH who will liaise with all other professional colleagues to make sure that your clinical care is coordinated and that you and your family are listened to, and that your questions about illness, care and treatment are answered.

## Please note:

- this PHR *is not* part of your official medical records – it is for you to keep and look after.
- this PHR is *not for our health care professionals to write in*, but it should provide a basis for discussion if any changes happen before your next visit that you want to tell us about.

## How to use:

This document may be printed from the SCH internet at <http://www.sch.edu.au> and placed in a ring binder. Additional pages may be printed as required and added to the binder. Test results and discharge summaries may be added in full in the appropriate sections.

# **Section 1: Key contacts**

# Health care professionals at SCH

Coordinating Clinician:

Contact Details:

## **Other health care professionals who are involved in your care at SCH (e.g. CNC, Dietician, Physiotherapist, etc.):**

Name:

Job Title:

Tel / Pager:

Name:

Job Title:

Tel / Pager:

Name:

Job Title:

Tel / Pager:

Name:

Job Title:

Tel / Pager:

Name:

Job Title:

Tel / Pager:

# Health care professionals in the community

General Practitioner (GP):

Address:

Tel:

Fax:

**Other health care professionals who are involved in your care at home (e.g. School or Community Nurse, Dietician, Social Worker, Physio, etc.):**

Name:

Job Title:

Tel / Pager:

Name:

Job Title:

Tel / Pager:

Name:

Job Title:

Tel / Pager:

Name:

Job Title:

Tel / Pager:

# Health care professionals at your local hospital

Local Hospital:  
Lead Consultant:

Address:

Tel:

Fax:

## **Other professional partners who are involved in your care in your local hospital (e.g. Dietician, Social Worker, etc.):**

Name:

Job Title:

Tel / Pager:

Name:

Job Title:

Tel / Pager:

Name:

Job Title:

Tel / Pager:

Name:

Job Title:

Tel / Pager:



## **Section 2: About you**

# Medical history – key events

**You can use this sheet to make a note of important things that have happened to you, for instance, having an operation or test.**

Date:  
Event:

Date:  
Event:

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Event:

# Your life

**You can use this sheet to tell us a bit more about you and your needs. When you attend for your next hospital appointment you might like to write down any changes you think we should know about.**

**My daily routine:**

**Eating and drinking – are you on a special diet?**

**Using the toilet:**

**Sleeping:**

**Washing and dressing:**

**Cleaning my teeth:**

**Communicating (include special words / signs):**

**Equipment used:**

**Specific emergency plan (eg. hypoglycemic plan):**

## Mobility and special needs

**You can use this sheet to tell us a bit more about you and your needs. When you attend for your next hospital appointment you might like to write down any changes you think we should know about.**

**How I get around:**

**Keeping me safe and comfortable:**

**How to tell if I am in pain:**

**Other information we need to know about (eg. hearing aids / glasses):**

**Any special festivals / holidays we should be aware of:**

**Please remember that we are happy to discuss anything with you that you *do not* wish to write down.**

# Your likes and dislikes

**You can use this sheet to tell us a bit more about you and your needs. When you attend for your next hospital appointment you might like to write down any changes you think we should know about.**

- **Games and playing**

|                  |                  |
|------------------|------------------|
| <b>Likes:</b>    | <b>Dislikes:</b> |
| <br><br><br><br> | <br><br><br><br> |

- **Television programmes / Films / Videos / DVDs**

|                  |                  |
|------------------|------------------|
| <b>Likes:</b>    | <b>Dislikes:</b> |
| <br><br><br><br> | <br><br><br><br> |

- **Music / Books / Magazines**

|                  |                  |
|------------------|------------------|
| <b>Likes:</b>    | <b>Dislikes:</b> |
| <br><br><br><br> | <br><br><br><br> |

- **Foods / Snacks**

**Likes:**

**Dislikes:**

- **What other things do you like?**



# Height and Weight chart

**This sheet is provided so that when you are measured and weighed and wish to make a note, you can do so.**

Date:  
Height:  
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# Immunisations

| <b>Type:</b>  | <b>Usually given at (age):</b>                         | <b>Date received:</b> |
|---|--|-----------------------|
| Triple DTP – Diphtheria, tetanus, pertussis (whooping cough)  | 8 weeks, 16 weeks, and 6 months                        |                       |
| Hib – Haemophilus influenzae type B                           | 8 weeks, 16 weeks, 6 months and 12 months              |                       |
| Meningococcal C   | 12 months  |                       |
| Polio   | 8 weeks, 16 weeks and 6 months                         |                       |
| MMR – Measles, Mumps  | 12 months and 4 years old                              |                       |
| Booster DTP – Diphtheria, tetanus, pertussis (whooping cough) | 4 years old and 15 years old                           |                       |
| Booster polio   | 4 years old  |                       |
| Booster tetanus, diphtheria, polio                            | 13 – 18 years old                                      |                       |
| Hep B   | At birth, 8 weeks, 16 weeks, 6 months and 12 years old |                       |
| Varicella (Chicken pox)                                       | 18 months and 12 years old                             |                       |
| Other (eg. flu, pneumococcal)                                 | 8 weeks, 16 weeks, 6 months, 12 months and 4 years old |                       |

# Infectious Illnesses

| <b>Illness:</b>           | <b>Date:</b> |
|---------------------------|--------------|
| German Measles (rubella): |              |
| Mumps:                    |              |
| Measles:                  |              |
| Chicken Pox:              |              |
| Whooping cough:           |              |
| Other (state which):      |              |
| <b>Allergies:</b>         |              |

# Latest Test Results

Test results can either be written on this page or copies of results placed after this page.

# **Section 3: Outpatient treatment**

# SCH/Local Hospital/GP appointments

**You can use this sheet to make notes.**

***Please note: this is *not* part of your SCH medical records.***

Date:

SCH / Local Hospital / GP:

Appointment with:

Questions to ask and answers / notes:

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Date:

SCH / Local Hospital / GP:

Appointment with:

Questions to ask and answers / notes:

# Medications

**You can use this sheet to make note of the medications you are taking and how they are to be administered for example by mouth, tube, nebuliser, etc.**

**Medication and description:**

**Dose:**

**When to be taken:**

**Side effects:**

**Date stopped:**

**Medication and description:**

**Dose:**

**When to be taken:**

**Side effects:**

**Date stopped:**

**Medication and  
description:**

**Dose:**

**When to be taken:**

**Side effects:**

**Date stopped:**

**Medication and  
description:**

**Dose:**

**When to be taken:**

**Side effects:**

**Date stopped:**

**Medication and  
description:**

**Dose:**

**When to be taken:**

**Side effects:**

**Date stopped:**



# **Section 4: Inpatient treatment**

# Staying in Hospital

**You can use this sheet to make a note of your stay(s) in hospital and any questions you might want to ask.**

Date admitted:

SCH / Local Hospital:

Contact (Name and number):

Reason(s) for stay:

Tests carried out:

Operations carried out:

Questions to ask and answers / notes:

Date admitted:

SCH / Local Hospital:

Contact (Name and number):

Reason(s) for stay:

Tests carried out:

Operations carried out:

Questions to ask and answers / notes:

# Going home

***Check list:*** These are the type of questions you might want to ask before going home. You can tick / cross them off and you may wish to use the notes section on the next page to write down anything extra you feel you need to remember.

***Please note:*** not all of these will be applicable for each stay in hospital.

Date leaving hospital:

- **What to expect once you get home**
- **What to watch out for and who to call if it happens**
- **How to contact the ward or department**
- **What medications (if any) you are taking and at what times**
- **How and when to get a repeat prescription for these medications (if applicable)**
- **How to use any equipment that has been lent to you (if applicable)**
- **When and where to come back for an outpatient appointment**
- **What support you can expect from your local community**

**Copy of your Discharge summary** (place copies behind these pages)

**Questions to ask and answers / notes:**