2. FAMILY INFORMATION

Have the family ever attended Barretstown?

Names of other family members attending the visit.

(Please include the ages of any other children in the family):

Does anyone else live at home who will not be attending the visit?

Pets:

Culture/ religion. Is there anything we should be aware of? (i.e. prayer times etc).

3. MEDICAL / BEHAVIOURAL

Patient child medical needs (medication times, resting, meals, anything to be aware of):

Is the patient child aware of their diagnosis?

Recent stressors or changes in behaviour:

If yes, is there anything the team can do to ensure a smooth visit?: