

Developmental Pediatrics Rehabilitation Learner Orientation Package

Spasticity Clinic Follow Up Assessment-Short Version Template

Letter should be directed to the family, and copied to the involved family physician, any specialists that are involved of the care and also the relevant treatment center. (Do not send to schools).

Dear _____ Family,

This is summary of our meeting in Spasticity Clinic on _____.

_____ (Child's name) arrived to the appointment accompanied by _____ (mention all the names and relationship of family members). Also attending the meeting was/were _____ (list all the names of staff with their profession i.e. PT/OT/Nurse; residents and students and potential additional professional that care for the child such as personal nurse, CAS worker.)

Diagnosis:

Current Weight:

Current Medication: (when giving dosage of antiepileptic medications put calculated mg/kg/day in brackets)

Current Intervention:

Botox total amount:

Distributed to following muscles:

Plan:

Interval History:

Current Services/School:

Equipment:

Investigations:

Examination:

Developmental assessment:

Summary and Discussion: (if complex separate according to issues)

Plan: