

# Bear Cottage Child/Family Information Form

## FAMILY TO COMPLETE

**Please return this form by faxing to Bear Cottage on (02) 9976 8303  
or by mail to Bear Cottage, PO Box 2500, Manly**

If you require further information please call: Narelle Martin, Nursing Unit Manager on (02) 9976 8300

Date form completed: \_\_\_\_\_

CHW Medical Record Number *(if known)*: \_\_\_\_\_

Surname: \_\_\_\_\_

Given names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_ Post code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Ethnic origin: \_\_\_\_\_

Religion: \_\_\_\_\_

Language at home: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Carer's name: \_\_\_\_\_

Person for notification: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_ Post code: \_\_\_\_\_

Phone: \_\_\_\_\_



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# Bear Cottage Child/Family Information Form

Back-up contact/closest relative: \_\_\_\_\_

Phone: \_\_\_\_\_

Medicare number: \_\_\_\_\_

Reference number: \_\_\_\_\_ Valid to: \_\_\_\_\_

Pharmaceutical benefit number: \_\_\_\_\_ Valid to: \_\_\_\_\_

Safety Net number: \_\_\_\_\_ Valid to: \_\_\_\_\_

## Medical Officer most responsible for care

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Post code: \_\_\_\_\_

## Support Networks

Please include address and phone numbers of the following contacts:

### G.P.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

State: \_\_\_\_\_ Post code: \_\_\_\_\_



# Bear Cottage Child/Family Information Form

## Other Specialists involved

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

State: \_\_\_\_\_ Post code: \_\_\_\_\_

## Other Specialists involved

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

State: \_\_\_\_\_ Post code: \_\_\_\_\_

## Other Specialists involved

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

State: \_\_\_\_\_ Post code: \_\_\_\_\_

## Community nurse / Local hospital

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

State: \_\_\_\_\_ Post code: \_\_\_\_\_



# Bear Cottage Child/Family Information Form

## Social Worker

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

State: \_\_\_\_\_ Post code: \_\_\_\_\_

## Has your child been immunised?

Yes  No

## Are they up to date?

Yes  No

## Has your child or a member of your family been in contact with measles or chicken pox in the last two weeks?

Yes (if yes, please give details below)  No

## Daily routine

The Care Team at Bear Cottage aim to maintain your child's routine as much as possible during their stay with us. Please assist us by answering the following questions:

### Nutrition:

Is your child on a normal diet? \_\_\_\_\_

### Is your child:

Breast fed  Bottle fed  Tube fed  via Pump  Formula \_\_\_\_\_

Amount each feed: \_\_\_\_\_

Number of feeds per day: \_\_\_\_\_

Does your child receive feeding overnight? \_\_\_\_\_



# Bear Cottage Child/Family Information Form

**Can your child:**

Feed him/herself

Feed with help

Use a spoon or knife & fork

**Does your child have any particular dietary requirements? ie low protein or low fat?**

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**Which foods does your child dislike?**

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**Which are your child's favourite foods and snacks?**

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## Sleeping

**What is your child's usual bedtime?** \_\_\_\_\_

**Does your child sleep in a bed or a cot?** \_\_\_\_\_

**Does your child use an air mattress?** \_\_\_\_\_

**Does your child use a sleep system at night?** \_\_\_\_\_

**Does your child require turning during the night and if so what times?** \_\_\_\_\_

**Does your child require toileting during the night?** \_\_\_\_\_

**Are there any sleep related issues you would like addressed during your stay?**

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# Bear Cottage Child/Family Information Form

## Personal hygiene

Does your child require assistance with activities of daily living ie showering, bathing, teeth cleaning?

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What type of bathing aid do you use at home? \_\_\_\_\_

Does your child require lifting equipment? \_\_\_\_\_

What time does bathing usually occur? \_\_\_\_\_

What is your child's oral hygiene routine? i.e. how often, with or without toothpaste/toothbrush/mouthwash/antifungal etc?

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How often is your child's hair washed? \_\_\_\_\_

## Toilet needs

Does your child wear nappies? \_\_\_\_\_ Day \_\_\_\_\_ Night \_\_\_\_\_

Does your child have a 'bowel routine' i.e. for history of incontinence or constipation? \_\_\_\_\_

Please specify: \_\_\_\_\_

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# Bear Cottage Child/Family Information Form

## Communication/interaction

Does your child have any speech difficulties? \_\_\_\_\_

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Does your child use any special words, gestures or signs to communicate? \_\_\_\_\_

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## Level of mobility/physical interaction

Can your child walk unaided? \_\_\_\_\_

Does your child use an electric or manual wheelchair? \_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_

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## Family

Who comprises your family? *(Please indicate birth order of children)*

Sibling 1: Full name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Sibling 2: Full name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Sibling 3: Full name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Sibling 4: Full name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Sibling 5: Full name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Additional information: \_\_\_\_\_



