



CENTRE FOR MOVEMENT DISORDERS

APPLICATION FORM FOR SERVICES:

CEREBRAL PALSY

This application form should be submitted by the adult applicant or by a close relative, friend or professional advisor on his/her behalf.

PERSONAL DETAILS

Miss/Mrs/Ms/Mr Surname:

First Name:

Date of Birth:

Address:

.....

..... Post Code:

Tel No: Day Evening:.....

Email:

Application made by (if different from above)

Status of this person in relation to applicant:

Applicant's full diagnosis (if known)

.....

Do you work? YES/NO Occupation:

National Institute of Conductive Education, Cannon Hill House, Russell Road, Moseley, Birmingham B13 8RD
Tel: 0121 449 1569 | Email: foundation@conductive-education.org.uk

www.conductive-education.org.uk

Registered in England. Registered No. 2083754. Registered Charity No. 295873.

CURRENT STATE OF HEALTH

What would you describe as your main symptoms e.g. tremor spasticity etc. Please give as much detail as possible of the parts of your body affected.

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.....
.....
.....

Do you have diabetes? YES/NO

If yes, what treatment do you take?

Have you had heart trouble? YES/NO

If yes, please give details

.....

Do you suffer from epilepsy? YES/NO

If yes, please write date of last fit, and frequency of fits

.....

Have you suffered from high blood pressure/low blood pressure? YES/NO

If yes, what treatment/therapy has been given?

.....

Do you take any regular medication? YES/NO

If yes please complete the following details.

<u>Medication</u>	<u>How Often?</u>	<u>Dosage?</u>
.....
.....
.....

Have you had any operations YES/NO

If yes, please give details and dates

.....

.....

.....

PRESENT ABILITIES

Please describe your present abilities and any aids used or assistance given the following areas:

BALANCE:

Turning over in bed

.....

Standing up from a chair

.....

WALKING:

In the house

In the street

Long distances

With what help

Do you have balance problems? YES/NO

If yes, please give details

.....

Do you often fall over?

How do you get up from the floor?

.....

DRESSING:

Large garments

Buttoning, zips, etc

GENERAL:

Bathing/showering

Eating

Drinking

Writing

Please describe present ability for the following:

Vision

Hearing

Understanding of Speech

.....

Verbal communication (describe any aids used).....

.....

Memory (short term/long term)

.....

Do you have any problems with continence?

.....

Do you use a catheter? YES/NO

If yes, please state type and help required if any

.....

GENERAL MEDICAL INFORMATION

Describe any other specific difficulties not covered above e.g. joints

.....
.....
.....

Please give details of any kind of therapy/treatment you have received

.....
.....

Have you had any other serious illness? YES/NO

If yes, please give details

.....
.....

Please list all substances/materials you produce an allergy to with a specific description of your reaction

.....

FURTHER INFORMATION

Are you aware of the fees per session? YES/NO

Have you ever participated in Conductive Education? YES/NO

If yes, where did this take place? Please give date of assessment and dates of any longer stays.

.....
.....

It would be helpful if you could state below where you first heard/read about Conductive Education.

.....

SIGNED DATE

Please keep The National Institute of Conductive Education (Cannon Hill House Adult Rehabilitation Services) up-to-date with any major changes in your health or circumstances.

PLEASE COMPLETE THE FORM ON THE NEXT PAGE AND THEN POST THE APPLICATION FORM TO US.

Can we politely request that when posting your application form you use a **STAMP** with **LARGE** written on it.



In exceptional circumstances we may wish to contact your GP or consultant. We will NOT contact them without discussing this with you first.

Name and address of GP:

GP Telephone Number: _____

Name and Hospital of Consultant:

How frequently do you see your consultant? _____

Name of specialist nurse (if appropriate) _____

ANY OTHER RELEVANT MEDICAL INFORMATION YOU FEEL IT IS IMPORTANT FOR US TO KNOW:

I agree that I have disclosed all relevant medical information to the conductors at the National Institute of Conductive Education, Birmingham. I understand that it is my duty to inform them immediately of any relevant changes in my condition or medication and agree to do so.

I agree that conductors may contact my GP or specialist should any further information be required. They will inform me of this and provide me with a copy if requested.

Signature:

Date:

**The National Institute of Conductive Education,
Cannon Hill House, Russell Road, Birmingham. B13 8RD.**

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Place of registration: England. The Foundation for Conductive Education is a Company Limited by Guarantee.

The Foundation promotes and safeguards the welfare of its children and vulnerable adults.
