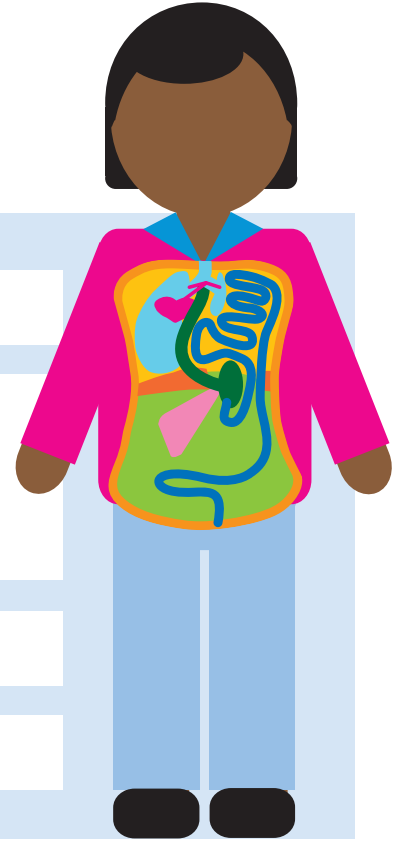




CDH & me! MY INFORMATION FORM



Name:

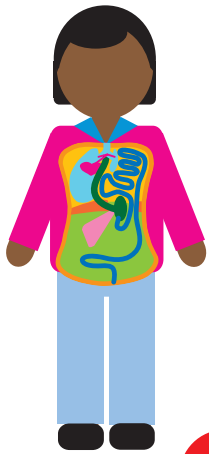
Address:

Emergency contact name & number:

Email address:

GP's details:

Consultant's details:



CDH & me! MY INFORMATION FORM

To help you understand more about how CDH affects me, please see the list below of things people need to be aware of regarding my personal situation and needs, based on a traffic light system.

This is not an exhaustive list and is to be used as a general guideline only.

| RED | AMBER | GREEN |
|-----|-------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



RED
Important information to know about me.

AMBER
Things to be aware of about me.

GREEN
We just wanted you to know!

Form signed by.

Printed name:

Signature:

Date:

Parent Carer Guardian

Please tick the above box as appropriate.