**Keeping records: supporting you to get the best**

**from your healthcare**

**Name:** **Child’s name**

**DOB:** **01/01/01**

**How to use this resource**

This is designed to be completed electronically although you can print it out and complete it by hand or print a completed version to provide copies to people you can’t email.

The first goal it should help you achieve is to keep a full record of your child’s acute covid-19 illness and Long Covid symptoms, alongside their previous health status.

This is something you can share at medical appointments to save time and repetition.

The second goal is to review the impact that covid-19 has had on your child’s daily life – again this is something you can share with healthcare professionals as needed.

The final aim is to help your child re-prioritise their life and think about what’s really important to them in order that they can live with any ongoing Long Covid symptoms while waiting for treatment(s) and support.

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**Acute Covid-19 Experience**

|  |  |
| --- | --- |
| Date(s) of infection/suspected infection: | 01/01/01 |
|  |  |
| Date/result of PCR test (if available): | 01/01/01 |
|  |  |
| Date of positive LFT (if applicable): | 01/01/01 |
|  |  |
| Variant (if known): | [Details here] |
|  |  |
| Initial symptoms: | [Symptoms here] |
|  |  |
| Medical treatment required (including medication/hospitalisation): | [Details here] |
|  |  |
| Date(s) of subsequent infection(s): | 01/01/01 |
|  |  |
| Date(s)/Result(s) of PCR test(s): | 01/01/01 |
|  |  |
| Date of positive LFT(s) (if applicable): | 01/01/01 |
|  |  |
| Variant(s) (if known): | [Details here] |
|  |  |
| Subsequent symptoms: | [Details here] |
|  |  |
| Medical treatment required (including medication/hospitalsation): | [Details here] |

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**Vaccination history**

|  |  |
| --- | --- |
| Date of first vaccination: | 01/01/01 |
|  |  |
| Make of first vaccination: | [Insert make here] |
|  |  |
| Side effects (if applicable): | [Side effects here] |
|  |  |
| Date of second vaccination: | 01/01/01 |
|  |  |
| Make of second vaccination: | [Insert make here] |
|  |  |
| Side effects (if applicable): | [Side effects here] |
|  |  |
| Antibody response (if known) | [Antibody response] |
|  |  |
| Date of first booster: | 01/01/01 |
|  |  |
| Make of first booster: | [Insert make here] |
|  |  |
| Side effects (if applicable): | [Side effects here] |
|  |  |

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**Past medical history (include here if clinically/extremely vulnerable to COVID-19)**

|  |  |  |
| --- | --- | --- |
| Date | Condition | Comments |

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**Medication**

|  |  |  |
| --- | --- | --- |
| Medication name | Dose | Comments |

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**My Long Covid symptoms**

|  |  |  |  |
| --- | --- | --- | --- |
| Symptom | Dates (from/to) | Impact on life 0: no impact5: major impact | Investigation/treatment |

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**DOB: 01/01/01**

**Record of medical appointments/investigations (inc bloods)**

- duplicate this page as needed

|  |  |  |  |
| --- | --- | --- | --- |
| Date | What | Where/who | Result/outcome |

|  |  |  |  |
| --- | --- | --- | --- |
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**Important Considerations for medical input and rehabilitation**

|  |  |
| --- | --- |
| Does your Oxygen saturation fall below 93 regularly? | [answer here] |
|  |  |
| What is your average heart rate at rest? | [answer here] |
|  |  |
| What is your heart rate on standing? | [answer here] |
|  |  |
| Do you experience PEM/PESE? (Post Exertional Malaise/Post Exertional Symptom Exacerbation [Worsening]). See [Long Covid Physio](https://longcovid.physio/post-exertional-malaise) for further information and be aware this can happen immediately or 24-72 hours after physical or cognitive exertion. | [answer here] |
|  |  |
| Additional comments: | [answer here] |

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**Medical Appointment Template**

|  |  |
| --- | --- |
| Date: | 01/01/01 |
| Time: | [Insert time here] |
| Location/directions | [Insert location/directions here] |
|  |  |
| Who with: | [Insert name/job title here] |
| Specialty: | [Insert specialty here] |
|  |  |
| Three main questions we want answered: |  |
| [Insert question 1 here] | [Response here] |
| [Insert question 2 here] | [Response here] |
| [Insert question 3 here] | [Response here] |
| Outcome/Follow Up[details here] |

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**Life before Long Covid**

What did you do and how was it completed? List any previous problems or challenges.

|  |
| --- |
| Personal care (looking after yourself)[details here] |
| Domestic Activities (including chores and caring for others)[details here] |
| School/education/work (For older children and young people include paid and voluntary work)[details here] |
| Leisure activities (including exercise)[details here] |
| Other Activities[details here] |

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**Life since Long Covid**

What is done now and how is it completed? List any current problems or challenges.

|  |
| --- |
| Personal care (looking after yourself)[details here] |
| Domestic Activities (including chores and caring for others)[details here] |
| School/education/work (For older children and young people include paid and voluntary work)[details here] |
| Leisure activities (including exercise)[details here] |
| Other Activities[details here] |

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**What is important now?**

The three things that are most important now are:

|  |
| --- |
| 1. [insert here]
 |
| Current satisfaction rating with this (0: completely unsatisfied - 10: completely satisfied): | [insert here] |
| One small change that can be made to increase the satisfaction rating: | [insert here] |
| [insert here] |
| Current satisfaction rating with this (0: completely unsatisfied - 10: completely satisfied): | [insert here] |
| One small change that can be made to increase the satisfaction rating: | [insert here] |
| [insert here] |
| Current satisfaction rating with this (0: completely unsatisfied - 10: completely satisfied): | [insert here] |
| One small change that can be made to increase the satisfaction rating: | [insert here] |