

## HEALTH AND WELL-BEING

This section focuses on the health status of the person with a disability. It also asks you to list those things that bring joy and happiness to him/her.

Having an accurate record of health status is essential, particularly for a person with a disability and especially if communication is an issue. Be sure to provide as much information as you can in answering the questions provided. The questions attempt to cover most health issues but if you find an omission, please add it to your record.

Well-being is harder to describe than health status. Well-being includes all of those things that make life worth living -- joy, self-worth, contributions to society, productivity, and special friendships. All of us want to share what makes us unique. Where would you be without your work, hobbies, leisure activities and life's passions? Identify what is unique and special about the person with a disability.

*Geoffrey's mother has grown increasingly frail. Fiercely independent, she refused to have any outside assistance. When she became disabled by the flu, she was unable to cook or feed herself. Concerned for her well-being, a neighbor stopped by to check on her. To her surprise, Geoffrey had heated his mother a bowl of soup and was feeding her with great care and affection. Later, when working on his life plan, and trying list Geoffrey's special talents, the neighbor reminded his mother of the great tenderness and compassion he showed in caring for her when she was ill.*

We all have special talents that can often be put into action. Think about how the person's talents might be used to bring fulfillment and satisfaction to his or her life. What activities will use these talents (e.g. volunteer opportunities, employment, leisure activities)?

Remember, when we take those things in our heart and convert them to action, joy and happiness abound!

*The following tools may help you plan. Select those that work best for your situation or create your own. Provide as much detail as you can. Add extra pages if you need to.*



### Tools

Things to Consider About Health  
Health Questions  
Health Record  
Things to Consider About Well-Being  
Well-Being Questions





## *Things to Consider about Health*

### **Medical History**

- Diagnosis
- Intellectual Functioning
- Vision
- Hearing
- Speech
- Mobility
- Blood Type
- Operations
- Hospitalizations
- Seizures
- Allergies

### **Health Professionals**

- Current/Previous Physicians
- Dentist
- Mental Health
- Community Supports

### **Medical Care**

- Nursing Needs
- Therapies (physical, speech, occupational)
- Mental Health Therapy
  - Goals
  - Successful/unsuccessful
- Devices
- Diet

### **Medication**

- Prescription Medication
- Over the Counter Medications
- Birth Control
- Medication Monitoring
- Procurement of Medication

### **Testing**

- Diagnostic Testing
- Genetic Testing

### **Other Issues**

- Community Support activities
- Immunizations
- Hygiene Procedures





5. *What is the status of the person's hearing. List the type of hearing aid (if relevant).*
  
  
  
  
  
  
  
  
  
  
6. *What is the status of the person's speech? If nonverbal, what techniques do you use to communicate? List the types and model numbers of any helpful devices.*
  
  
  
  
  
  
  
  
  
  
7. *What is the level of the person's mobility? List any type of wheelchair or mobility device used (if relevant).*
  
  
  
  
  
  
  
  
  
  
8. *What is the person's blood type and are there any special problems concerning blood?*
  
  
  
  
  
  
  
  
  
  
9. *What type of medical insurance coverage does the person have? What is the amount of coverage, the policy number and what is included in the coverage now? How would this change upon the death of a parent? Make sure you include Medicare and Medicaid (if applicable).*

*10. List all current physicians. Include specialty, address, phone number, average number of visits for the year, total charges last year and important findings or treatment.*

*11. List all previous physicians. Include relevant information from above. Explain why you are no longer consulting with the physician(s).*

*12. List current dentist, address, phone number, frequency of exams, special treatments, best alternatives in case current dentist is no longer available.*

*13. Does the person have difficulty accepting any type of medical care? Describe how you would tell the person about the appointment, how he or she would react to this news, what support you provide him or her, and any special recommendations that should be given to a health professional providing treatment.*

*14. What is the person's need for nursing care? List the reasons, procedures and level of nursing skill required. Is this care typically provided at home, at a clinic or in a doctor's office?*

*15. List the name, address and phone number of any current mental health professionals (if applicable). What has been the goal of the sessions? How frequent are the sessions? What types of therapy have been successful? What types have not worked?*

*16. List any prior mental health professionals (if applicable) and any relevant questions from above. Note why you have chosen to no longer consult with the person.*

*17. Does the person go to therapy? List any therapists and purpose of the therapy.*

*18. What assistive devices have been helpful? List types and model numbers if relevant.*

*19. List relevant information about diagnostic testing that the person has had. Include who performed the testing and a summary of the findings. How often do you recommend that testing be done? Where?*

20. *List any relevant findings of genetic testing of the person and relatives. Include the organization that performed the testing and testing dates.*

21. *Explain how the person's personal care needs are met. What needs are attended to, who performs them, what level of involvement does he or she have in directing the care and how often does it occur?*

22. *Explain any special dietary needs. What works well for avoiding weight gain or loss? What are his or her favorite foods? What foods doesn't he or she like?*

23. *Does the person need any adaptive or prosthetic devices such as braces, shoes, or artificial limbs? If so, what are they?*

24. *What community supports is the person receiving? Who provides these supports? What supports have been successful? What supports have not worked? Why?*



# Health Record

## Immunizations

Type of Immunization	Date(s)

## Diseases

Major Childhood Diseases	Date

## Allergies

Allergies	Effective Treatments

## Hospitalizations

Reasons for Hospitalization	Dates

## Operations

List Major Operations	Date and Place





## *Things to Consider About Well-Being*

*Describe your family member's.....*

### **Favorite Things**

- Special People
- Indoor pursuits
- Outdoor activities
- Places
- Pets
- Vacation/Travel
- Music
- Foods

### **Personal Contributions to**

- Community
- Friends
- Family

### **Special Gifts**

- Talents
- Interests
- Motivations
- Passions

### **Daily Routines**

- Home Living
- In the Community
- Supports that promote well-being
- Communication techniques
- Reaction to changes





5. *What contributions does the person make to your family? His or her community? What contributions would he or she like to make in the future?*

6. *What are the person's special routines that make the day flow?*

7. *What does it take to make changes to the person's routine?*

8. *What does an ideal day look like?*