

About Me - My Health Summary

The type of cancer and treatment I had was:

Some of the challenges that I currently face are:

- | | |
|---|---|
| <input type="radio"/> Fatigue/extreme tiredness | <input type="radio"/> Hearing loss |
| <input type="radio"/> Pain | <input type="radio"/> Visual challenges |
| <input type="radio"/> Hair loss, scars or visible signs of cancer treatment | <input type="radio"/> Brain fog such as issues with concentration and memory |
| <input type="radio"/> Cognitive challenges, for example trouble finding words quickly | <input type="radio"/> Mobility challenges, e.g. using a wheel chair or crutches, or finding it hard to walk long distances: |
| <input type="radio"/> Other: | |

Things that would help with my transition to education:

- | | |
|--|--|
| <input type="radio"/> Have a friend support me e.g carry my bag | <input type="radio"/> Skip Physical Education |
| <input type="radio"/> Leave class early to get to my next class | <input type="radio"/> Take a rest break during the day |
| <input type="radio"/> Return part-time | <input type="radio"/> Sit in a different chair |
| <input type="radio"/> Extra tuition and learning support | <input type="radio"/> Move around or stretch when I need to |
| <input type="radio"/> Be able to take medication when I need to | <input type="radio"/> Use special equipment to help me write or learn |
| <input type="radio"/> Access to a quiet space to sit or rest | <input type="radio"/> Seek extensions or help with exams |
| <input type="radio"/> Have a pass for toilet breaks | <input type="radio"/> Have a point of contact at school |
| <input type="radio"/> Sit up the front so it's easier for me to concentrate/ see the board | <input type="radio"/> Go to see the nurse or go to sick bay whenever I need to |
| <input type="radio"/> Other: | |

Things I'm worried about are:

Important Medical information

My doctor's name and contact details are:

My current medications are:

Allergies and how to manage them :