



ABOUT MY CHILD:

A summary for new doctors

childhood
dementia
INITIATIVE

Date: _____

Key information about childhood dementia for healthcare providers:

- Childhood dementia conditions cause progressive brain damage affecting multiple body systems
- Symptoms may include cognitive decline, behavioral changes, physical symptoms, and seizures
- Symptoms and abilities can vary significantly from day to day
- Understanding the underlying condition is essential for appropriate care

CHILD'S INFORMATION

Name: _____

Birth Date: _____

Diagnosis: _____

Medicare Number: _____

Parent's name/s: _____

Parents contact details (phone and email): _____

CURRENT MEDICATIONS

Medication	Dose	Frequency	Last Changed	Prescribed By	Reason it was prescribed

MEDICATIONS MY CHILD HAS TAKEN BEFORE

Medicine name	What happened

Allergies: _____

OTHER SPECIALISTS INVOLVED IN CARE

Specialist Name	Specialty	Phone Number	Last Appointment

CURRENT SYMPTOMS

List:

RECENT CHANGES OR CONCERNS

List changes since the last appointment (symptoms, behaviours, etc.):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

ADDITIONAL INFORMATION