

# Template

## Personal information form for a child with TSC\*

\*Tuberous Sclerosis Complex (TSC)\* is a rare, non-contagious, genetic condition that can cause growths (non-malignant tumours) to develop in many organs of the body, including the brain, skin, heart, lungs and kidneys. Any or all of these organs may be affected. TSC causes different signs and symptoms in each person who is affected and can range from treatable skin abnormalities, to severe epilepsy, developmental delay and autism.

**PRIVATE & CONFIDENTIAL    To be completed by the family of the child with TSC**

Child's name.....

Child's date of birth ..... Child's Medicare No.....

Name of Parent(s) .....

Parent contact details .....

Other emergency contacts.....

How does TSC affect your child (cognitively, socially, emotionally and or physically) and what does this look like?

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How has this changed over time?

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What things do you notice upset or frustrate your child, or cause anxiety or pain?

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**What activities or rituals soothe or calm your child?**

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**What concerns do you particularly want to highlight to your child's teaching team?**

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**What would you like the teaching team to do if they notice changes in your child's behaviour?**

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**What would your child like to share with his/her teaching team?**

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MEDICATIONS

Date	Name of medication	Dosage and how/when it is administered	Known side effects

Does your child have any known allergies?

Who else is part of your child’s health care and support team?

Date	Name of doctor/health care professional	Specialty/Area of practice	Telephone number