Barretstown
restoring young lives

# Camp at Home
# Pre-visit Questionnaire

**The Barretstown Team are looking forward to visiting your family home.**

**Please fill out this form as accurately as possible as this will help ensure that our programme best suits the needs of your family.**

## 1. BASIC INFORMATION

| | |
|---|---|
| **Patient child name:** | |
| **Age:** | |
| **Diagnosis:** | |
| | |
| | |
| **Parent / Caregiver Name:** | |
| **Relationship:** | |
| **Address/Location:** | |
| | |
| | |
| | |
| | |
| **Email address:** | |
| **Phone:** | |
| **Language spoken at home:** | |

## 2. FAMILY INFORMATION

Have the family ever attended Barretstown?

Names of other family members attending the visit.

(Please include the ages of any other children in the family):

Does anyone else live at home who will not be attending the visit?

Pets:

Culture/ religion. Is there anything we should be aware of? (i.e. prayer times etc).

## 3. MEDICAL / BEHAVIOURAL

Patient child medical needs (medication times, resting, meals, anything to be aware of ):

Is the patient child aware of their diagnosis?

Recent stressors or changes in behaviour:

If yes, is there anything the team can do to ensure a smooth visit?:

## 3. MEDICAL / BEHAVIOURAL (continued)

**Does the patient child struggle with fine motor skills (eg: picking up small objects, handwriting)?**

**Does the patient child have any physical or sensory needs? i.e. wheelchair user, visual or hearing impairment, communication device used etc?**

**Is there anything we need to be aware of in terms of the above questions that relate to any other member of the family?**

**Sensitive topics to avoid/redirect:**

## 4. PROGRAMME PREFERENCES

**Does anyone in the family have food allergies?**

**Would you prefer us to use an indoor or outdoor space for activities?**

**Music preferences:**

**House rules (e.g: take shoes off at door etc.)**

**Is there anything else you would like to share with us about your family?**

## VISIT EXPECTATIONS

**Paperwork:** Please ensure that all paperwork is complete in advance of the programme. This includes both the Pre-visit Questionnaire (this form) and Camp at Home Activity form. At least one preparation call will be had with the family prior to the visit.

**Family members and people in the household:** The patient child must be present for the duration of the visit.

**We ask that only immediate family attend the visit.** This includes: parents/step-parents, siblings/step-siblings, grandparents, legal guardians, or individuals who live in the same home as the patient child. Please advise the Barretstown Team of all people you expect to be present in the household at the time of the visit.

A safe, indoor space must be available for the programme to take place with a trusted parent/guardian or family member (18 years of age or older) present for the duration of the visit.

**Family Pets:** Where possible it is requested that all pets be placed in a separate area of the house to where the programme is taking place.

Drug and alcohol use. All people present must refrain from using any illegal or illicit substances whilst the Barretstown Team are present in the family home.

**Illness:** Should any member of the family present with any of the following symptoms (within 48 hours of the programme taking place); vomiting or diarrhoea, cold, flu, or raised temperature, we ask that you inform the Barretstown Team. This will allow us to make an informed decision on whether the visit can take place. We are regularly in contact with children and families with compromised immune systems, so it is important we are aware of being in contact with any illness (regardless of Covid test results).

**Completed by:**

**Date:**

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