



Section 3

Health Care Pack Reference

Section	<u>(Refer to Health Care Pack)</u>
3.1	<u>Healthcare Professionals Contact List</u>
3.2	<u>Current Health and Wellbeing Status</u>
3.3	<u>Appointments Log</u>

Guidance, Legislation and Policies

Section 3

Health and Social Care Standards	Human Rights Act (1998)
Regulation of Care (Scotland) Act 2001	GIRFEC
Charter for Involvement	Mental Welfare Commission
Keys to Life	GAP
Adults with Incapacity (Scotland) Act 2000	
Adult support and Protection (Scotland) Act 2007	
General Data Protection Regulation 2018	
Scottish Strategy for Autism	

Primecare Health LTD Policies

Intimate Care

Participation and Involvement

Physical Intervention

Well Being

Protection of Vulnerable Adults

Administration of Medication

Accident/Incident

Confidentiality

Transitions

General Data Protection Regulation 2018

Quality

Corporate Risk Management Strategy

Records Management

Healthcare Professionals Contact List

Professional	Name	Contact Number	Address	Active Referral
Occupational Therapist	Laura McLean	0131 529 5235 07920 247919	North West Edinburgh Community Learning Disabilities Team and Discharge Planning 8 West Pilton Gardens Edinburgh EH4 4DP	
Positive Behaviour Team	Sandra Joyce	0131 200 4197 (Mon and Thurs) 07900 052 841	Sandra Joyce Charge Nurse Specialist Positive Behaviour Team Edinburgh HSCP Castle Craggs 157 Duddingston Road West EH16 4UY	
Social Worker	Fiona Hunt	07917077818 0131 529 7282	8 West Pilton Gardens, Edinburgh, EH4 4DP	
Chiropody				
Podiatry				
Speech & Language	Referred by OT			
Psychology				

Individual's
Name:

Staff Sign
& Date:

Psychiatry				
Dietician				
Pharmacy				

Individual's
Name:

Staff Sign
& Date:

Current Health and Wellbeing Status

Current conditions	Professionals involved	Details of health care plan and interventions
Autism Learning disability, Epilepsy (complex absence seizure), Primary Microcephaly	Laura McLean (OT) Sandra Joyce (positive behaviour team)	Epilepsy risk assessment Regular medications (see MAR chart)

Individual's
Name:

Staff Sign
& Date:

Healthcare Appointments Log

Date	Designation/Professional	Review/Next Appointment	Staff Signature	Reference Number

Individual's Name:	
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Staff Sign & Date:	
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