

## LEARNING DISABILITY TEAM – INITIAL REVIEW

Date:

Time:

CODING:

Ward:

Reviewed by:

Alert sticker on medical notes: Yes / No / NA

Hospital passport: Yes / No

ReSPECT form completed: Yes / No / NA

DoLS required: Yes / No

Autism: Yes / No

Eating and drinking guidelines: Yes / No / NA

SLT assessment required? Yes / No

History of constipation: Yes / No / NK

Treatment plan in place: Yes / No / NA

Appropriate meds being administered? Yes / No / NA

### Communication

Expressive:

Receptive:

Relevant MCA (s) completed / Best Interests discussions (detail below):

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Reasonable adjustments:

Other: