# **Gwybodaeth Feddygol** / Medical Information

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| **Ydy’r plentyn wedi cael unrhyw lawdriniaeth?** Has the child had any operations? | Ydy/Yes |[ ]  Nac Ydy/No |[ ]
| **Os ydy, rhowch fanylion**/If yes, please give details |
| *Manylion* |
|  |
| **Ydy’r plentyn wedi cael unrhyw salwch neu gyflwr meddygol plentyndod difrifol?**Has the child had any serious illness or medical condition? | Ydy/Yes |[ ]  Nac Ydy/No |[ ]
| **Os ydy, rhowch fanylion**/If yes, please give details) |
| *Manylion* |
|  |
| **Ydy’r plentyn yn defnyddio unrhyw gymhorthau synhwyrau neu gymhorthau eraill?**Does the child use any sensory aids or other supports? | Ydy/Yes |[ ]  Nac Ydy/No |[ ]
| **Cymhorthau symud**/Mobility aids | Ydy/Yes |[ ]  Nac Ydy/No |[ ]
| **Technoleg Gwybodaeth**/Information Technology | Ydy/Yes |[ ]  Nac Ydy/No |[ ]
| **Cyfathrebu**/Communication | Ydy/Yes |[ ]  Nac Ydy/No |[ ]
| **Cymorth Clywed**/Hearing Aid | Ydy/Yes |[ ]  Nac Ydy/No |[ ]
| **Sbectol**/Glasses | Ydy/Yes |[ ]  Nac Ydy/No |[ ]
| **Arall**/Other (**Rhowch fanylion**/Give details) |
| *Manylion* |
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| **Ydy’r plentyn yn dioddef o’r canlynol (Ticiwch os yw'n berthnasol):** Does the child suffer from any of the following (Please tick if it applies): |
|  | **Ydy**/Yes | **Moddion**/Medicine | **Manylion**/Details |
| **Asthma** |[ ]  *Moddion* | *Manylion* |
| **Eczema** |[ ]  *Moddion* | *Manylion* |
| **Epilepsy** |[ ]  *Moddion* | *Manylion* |
| **Clefyd y siwgr**/Diabetes |[ ]  *Moddion* | *Manylion* |
| **Gwlychu ei hun**/Incontinence |[ ]  *Moddion* | *Manylion* |
| **Trochi’r Gwely**/Soiling the bed |[ ]  *Moddion* | *Manylion* |
| **Arall**/Other |[ ]  *Moddion* | *Manylion* |
|  |
| **Coginio – alergedd bwyd**/Cooking – food allergies |
| **Rhoddaf ganiatad i’m plentyn gymryd rhan mewn gweithgareddau coginio a blasu**I give consent for my child to take part in cooking and tasting activities | Ydy/Yes |[ ]  Nac Ydy/No |[x]
| **Ni rhoddaf ganiatad i’m plentyn gymryd rhan mewn rhai gweithgareddau coginio a blasu oherwydd mae ganddo/ganddi alergedd i:**I do not give consent for my child to take part in certain cooking and tasting activities as he/she has an allergy to: |
| *Manylion* |

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| **A wnewch chi nodi, os gwelch yn dda, os bu unrhyw un o’r gweithwyr proffesiynol isod yn ymwneud â’r plentyn:**Could you please note if your child has received any help from the following professional services: |
|  | **Ymwneud yn y gorffennol**Involved in the past | **Yn dal i ymwneud**Still involved | **Enw’r Cyswllt**Name of contact |
| **Ymwelydd Iechyd**Health Visitor |[ ] [ ]  *Enw Cyswllt* |
| **Clinic/meddyg ysgol**Clinic/school doctor |[ ] [ ]  *Enw Cyswllt* |
| **Awdiolegydd**Audiologist |[ ] [ ]  *Enw Cyswllt* |
| **Gwasanaeth nam ar y clyw**Hearing impairment service |[ ] [ ]  *Enw Cyswllt* |
| **Opthalmegydd**Ophthalmist |[ ] [ ]  *Enw Cyswllt* |
| **Gwasanaeth nam ar y llygaid**Visual impairmane service |[ ] [ ]  *Enw Cyswllt* |
| **Therapydd Lleferydd**Speech Therapist |[ ] [ ]  *Enw Cyswllt* |
| **Ffisiotherapydd**Physiotherapist |[ ] [ ]  *Enw Cyswllt* |
| **Therapydd Galwedigaethol**Occupational Therapist |[ ] [ ]  *Enw Cyswllt* |
| **Paediatregydd**Paediatrician |[ ] [ ]  *Enw Cyswllt* |
| **Seicolegydd Plant**Child Psychologist |[ ] [ ]  *Enw Cyswllt* |
| **Seicolegydd Addysg**Educational Psychologist |[ ] [ ]  *Enw Cyswllt* |
| **Seicolegydd Clinigol**Clinical Pfychologist |[ ] [ ]  *Enw Cyswllt* |
| **Gweithiwr Cymdeithasol**Social Worker |[ ] [ ]  *Enw Cyswllt* |
| **Cynghorydd Cartref Portage**Portage Home Visitor |[ ] [ ]  *Enw Cyswllt* |
| **Eraill – rhowch fanylion**Other – give details |[ ] [ ]  *Enw Cyswllt* |
| *Manylion* |