# **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* | | | | | | | | | | | | | | | | |
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| **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* | | | | | | | | | | | | | | | | |
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| **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 | | | |  |
| **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* | | | |