



## Health Questionnaire To inform an Education, Health and Care Assessment

As part of the Education, Health and Care Assessment process, the Local Authority is required to seek medical advice. This is because we need to determine whether or not your child's progress at school is affected by a medical condition. This can be done by using the information you provide on this questionnaire and liaison with relevant health professionals.

In most cases completion of the questionnaire provides all of the information we require, which means a medical appointment with a community paediatrician will not be necessary unless you specifically request one. It would therefore be helpful if you would complete and return this form to us as soon as possible, by post or email using the contact details set out in the accompanying letter.

If having considered the medical information you provide, the community paediatrician concludes that a medical examination is recommended, the community paediatrician service will contact you directly to offer an appointment.

### Personal Details:

Name of Child	
Date of Birth	
NHS Number (this is in your red book)	
Your Child or Young Person's GP's Name and Surgery:	
Parent(s)	
Address	
Telephone number	

**Medical History:**

Does your child or young person have any existing diagnoses or having any health investigations or assessments ?
Do you have any concerns regarding your child's health?

Is he/she known to any of the following health professionals: If so please give the health professionals name and the name of the hospital/clinic	
<b>Health Professional</b>	<b>Name, Hospital/clinic and Contact details</b>
<b>Community services</b>	
Community Paediatrician	
Health visitor	
School nurse	
Community children's nurse	
Community LD nurse	
Physiotherapist	
Occupational therapist	
Speech & language therapist	
Specialist assessment service	
Continuing care nurse	
Looked After Childrens' nurse	
Other	
<b>SOLAR (CAMHS)</b>	
Psychiatrist	
Psychologist	
Occupational therapist	
Nurse	
<b>Hospital services</b>	
Consultant 1	
Consultant 2	
Consultant 3	
Nurse specialist	
Audiology	
Optometry	
Dietician	

Other	

**\*Please send any reports you would like the Doctor to see when you return this questionnaire**

Is your child on having any therapy or medical treatment? Please give details:

--

Does your child's health pose any risk to them or to others in the school environment? If so, what?

--

Is there any relevant family medical history?

--

Is there anything else you think we should know?

--

**Parental Responsibility Declaration**

As part of the Education, Health and Care Assessment process you have the right to request an appointment with the Community Paediatrician.

Please indicate below whether you wish to see a paediatrician

Yes

No

***Please note: if you select 'no' to the above we will only seek advice from the health care professionals who you have told us are currently working with your child.***

Do you give permission for the community paediatrician to contact the GP or consultant for further information?

Yes

No

Signed.....(Parent/Guardian)

Signed.....(Parent/Guardian)

Date.....