

CONFIDENTIAL - Health Needs Assessment (Primary School)

Please complete this if you are the child's parent or the person with parental responsibility

Child's details

Child's surname: _____ Child's first name: _____

Previous surname/s (if applicable): _____

Date of Birth:

D	D	/	M	M	/	Y	Y	Y	Y
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Sex: Male Female



Home Address: _____

Postcode:

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Home Tel:

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Mobile:

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Previous address (if applicable): _____

Postcode:

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Child's first language: _____



Child's religion: _____

Ethnicity: Please tick the appropriate box for your child

- | | |
|--|---|
| <p><input type="radio"/> White British</p> <p><input type="radio"/> White Irish</p> <p><input type="radio"/> White Gypsy / Irish Traveller</p> <p><input type="radio"/> Any Other White background</p> <p><input type="radio"/> Mixed White & Black Caribbean</p> <p><input type="radio"/> Mixed White & Black African</p> <p><input type="radio"/> Mixed White & Asian</p> <p><input type="radio"/> Any Other Mixed background</p> <p><input type="radio"/> Asian / Asian British Indian</p> <p><input type="radio"/> Asian / Asian British Pakistani</p> | <p><input type="radio"/> Asian / Asian British Bangladeshi</p> <p><input type="radio"/> Asian / Asian British Chinese</p> <p><input type="radio"/> Any Other Asian background</p> <p><input type="radio"/> Black African / Black British</p> <p><input type="radio"/> Black Caribbean / Black British</p> <p><input type="radio"/> Any other Black background</p> <p><input type="radio"/> Arab</p> <p><input type="radio"/> Any other ethnic background _____</p> <p><input type="radio"/> Prefer not to say</p> |
|--|---|



Name of School to be attended in September: _____



Name & address of child's GP: _____



Parent and family details

Please name the person who is legally responsible for this child _____

Please provide details of parents/carers and any other adults in the home

First name	Last name	Gender (M/F)	Relationship to child	Language spoken

Please provide details of any other children in the home

First name	Last name	Date of Birth	Gender (M/F)	Relationship to child	School (if applicable)



Your child's health

Are there any other workers involved with your child?

Yes No

e.g. Social Worker; Child and Adolescent Mental Health Services (CAMHS); Speech and Language Therapist

If yes, please give the name of the Services or Workers



Are your child's immunisations up to date?

Yes No

If no, or you are not sure, please contact your GP practice to arrange for your child to have any missed immunisations



Does anyone in your home smoke?

Yes No

Does your child have any medical conditions?
e.g. allergies, asthma, diabetes, eczema, epilepsy

Yes No

If yes, please tell us about them here



If your child takes regular medication, please tell us here

Medication	Is the medication needed in school?	
	Yes	No



Does your child have any emotional wellbeing issues?
e.g. behaviour issues, a young carer, bereavement, bullying issues

Yes No

If yes, please tell us about them here

Please tell us here about any other issues e.g. special educational needs, wetting, weight issues, sleep problems.



Has your child been seen by a dentist in the last year?

Yes No

If no, we recommend that your child has a regular check up. This is free of charge.



Has your child had a vision check in the last 2 years?

Yes No

It is recommended that your child's vision is checked by a local optician on school entry and then every 2 years. This is free of charge.



Do you have any concerns about your child's vision?

Yes No



Do you have any concerns about your child's hearing?

Yes No



Do you have any concerns about your child's speech and language? Yes No



Do you have any concerns about your child's size/growth? Yes No

Yes No

If you have answered yes to any of the above questions, please tell us about your concerns here

Your child's lifestyle



In general, how would you rate your child's health?

Good Fair Poor



How many portions of fruit and vegetables does your child eat a day?

None 1-4 4+



Does your child have eating difficulties?

Yes No



Is your child active for 60 minutes per day?

Yes No



Is your child likely to need extra help at school because of their health?

Yes No

If you answered yes, please tell us about the help you think your child may need

A member of the Community Public Health Nursing Service (5-19)
may contact you to discuss any health concerns

However, please remember that you are always welcome to contact
the team at any time during your child's time at school on 0300 300 3333

Thank you for taking the time to complete this questionnaire
Please return this questionnaire to your child's school marked for the attention of the
Community Public Health Nurse.

for staff use only:

Additional Notes



Nottingham
City Council



Delivered by Nottingham CityCare Partnership on behalf of Nottingham City Council