

CONFIDENTIAL - Health Needs Assessment (Secondary 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

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



Name of school attended: _____



Name(s) of any school(s) previously attended: _____



Name & address of child's GP: _____



Parent and family details

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

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

Please provide details of any other children in the household

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 vaccinations



Does anyone in your household smoke? Yes No

Does your child 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



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 every 2 years. This is free of charge.



Does your child wear glasses?

Yes No



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

Yes No



Has your child been seen by an ear, nose and throat specialist?

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

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

Your child's lifestyle



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

- None
 1-2
 2-3
 3-4
 5+



Does your child have eating difficulties?

- Yes
 No



Is your child active for 60 minutes per day?

- Yes
 No



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

- Excellent
 Very Good
 Good
 Fair
 Poor



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

- Yes
 No
 Maybe

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

A member of the School Nursing Team 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 0115 883 4333

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 School Nurse



Delivered by Nottingham CityCare Partnership on behalf of Nottingham City Council