

School Entry Health Parental Questionnaire

Childs Name.....	Date of Birth.....
NHS Number (if known).....	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address.....	Home Tel No
.....	Mobile Tel No.....
Post code.....	GP Name.....
School.....	GP Address.....
Class.....	
Name of person completing questionnaire.....	
Relationship to child..... Date questionnaire completed.....	
Signature of Parent/Carer.....	

Ethnicity

White -British	White - Irish	White – Any other background	
Black or Black British – Caribbean	Black or Black British African	Black or Black British any other black background	
Mixed White &Black Caribbean	Mix White & Black African	Mixed White & Asian	
Mixed any other background	Asian or Asian British – Indian	Asian or Asian British – Pakistani	
Asian or Asian British – Bangladeshi	Asian or Asian British – Any other background	Other ethnic groups – Chinese	
Other ethnic groups – Any other ethnic group	Not stated		

1. Is your child fully up to date with their immunisations? YES NO
2. Is your child registered with a dentist? YES NO
- Does your child attend regularly? YES NO

If you answered NO to the question above, please telephone 111 to receive a list of local NHS Dentists.

Is your child under any of the Services listed below, on the waiting list to be seen / Discharged

Audiology	YES		NO	
Speech and Language	YES		NO	
Ophthalmology	YES		NO	
Regular Hospital contact or Community Consultant	YES		NO	

If you answered yes please give details

3. Do you have concerns or does your child suffer from or have any difficulties regarding any of the following?

	YES	NO	If yes please give details
Asthma			
Eczema/skin problems			
Epilepsy			
Allergies (inc Nut)			
Diabetes			
Vision/Colour Vision			
Eating			
Weight gain/loss			
Growth			
Sleep			
Behaviour			
Bed wetting/soiling			
Hearing			
Coping in school			
Other			
Has your child ever had a serious illness?			
Does your child have a specific health need?			
Does your child take regular medication?			
Is any medication given in school?			

4. Would you like to discuss any concerns with your school nurse
 If yes please give details:

YES NO