 **Your Child’s Health Questionnaire**

The school nurses would appreciate you completing this form.

Please return to Livewell.snhealthquestionnaires@nhs.net

LSW is committed to maintaining your privacy and confidentiality; for more details on how we use your information please visit:

[https://www.livewellsouthwest.co.uk/wp-content/uploads/2019/04/Privacy-Statement-2019-v2.0-CF.docx](https://www.livewellsouthwest.co.uk/wp-content/uploads/2019/04/Privacy-Statement-2019-v2.0-CF.docx%20)

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| **Child’s Name:** |   | **Date of** **Birth:** |  |
| **School:** |  |
| **Home Address including Postcode:** | **Gender:** |  |
| **Ethnicity:** |  |
| **Please gives us details about how we can contact you:** |  |  |
| **Home Tel:**  |  | **Main Language:** |  |
| **Mobile Tel:** |  | **Do you require an interpreter?** | **Yes / No** |
| **We might occasionally send you text reminders or requests? Please state No if you do not want to receive these:**  | **Religion:** |  |
| **Parent/Guardian’s email:** | **Date Form Completed:** |
| **Name of Parent/ Guardian**  |  | **Relationship to child:** |

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| For further information about the services offered by the School Nursing Service visit the website: [**https://www.livewellsouthwest.co.uk/childrens-services/schools**](https://www.livewellsouthwest.co.uk/childrens-services/schools) If your child has any health or behaviour concern that you would like to speak to a member of the team about:Please call **01752 434008** or email**livewell.phnadminhub@nhs.net**  |

**Please Turn Over and Complete Back Page.**

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| **Do you have any concerns for your child with any of the following:-** |
| **Concern** |  | **If “Yes” please provide details of concern and any current support your child may already have:** |
| Behaviour | **Yes/ No** |  |
| Physical development | **Yes/ No** |  |
| Eating | **Yes/ No** |  |
| Growth | **Yes/ No** |  |
| Daytime wetting | **Yes/ No** |  |
| Bed wetting  | **Yes/ No** |  |
| Soiling | **Yes/ No** |  |
| Constipation  | **Yes/ No** |  |
| Hearing  | **Yes/ No** |  |
| Sleeping  | **Yes/ No** |  |
| Other health concerns  | **Yes/ No** |  |

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| **Office Use Only**  |
| **Date Received**  | **Date Assessed** | **Assessed by** | **NFA** | **First Line Advice** |
|  |  |  |  |  |