

Doctors Name:

Medical Practice Address:

Telephone Number:

Health Visitors Name:

Has your child attended regular Health Screening Clinics i.e. progress checks? YES/NO

Has your child been fully immunised? YES/NO

We seek permission to share information with your child's Health Visitor? YES/NO

Please provide any details of any known social care needs: Has your child ever been referred to any social care team? YES/NO

Is your child taking any regular medication i.e. inhaler/diabetic insulin. if so, please state below all relevant information: YES/NO

Does your child have any known allergies? If so, do they hold an Epi-pen? YES/NO

Please provide details of any medical procedures prohibited by religion or belief.

Has your child received an eye test/hearing test? Please state below any medical concerns that may have been identified from either examination:

Does your child have any speech or language impairments? Please provide further information if relevant

Does your child experience sensory difficulties? i.e. Hand flapping, adverse to loud noises YES/NO