

**CONFIDENTIAL**

Haringey School Health Service  
Child's Health Questionnaire

School Health Service  
Email. [whh-tr.haringeyschoolnursing@nhs.net](mailto:whh-tr.haringeyschoolnursing@nhs.net)

Dear Parent/Carer

Every school in Haringey uses the School Health Service, which is delivered by Whittington Health NHS Trust on behalf of Haringey Public Health.

Please complete the following questionnaire about your child's health. This will help the school nurses to understand if your child needs any support with their health. This is part of the Healthy Child Programme for school aged children.

Kindly return the completed form to your child's school for the School Health Service to collect.

**Any information that is held by Whittington Health NHS Trust is treated as confidential, is held securely, and used only for the purposes described above.**

Name of the school your child attends: \_\_\_\_\_

Sex: Female  Male

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity: \_\_\_\_\_

First language: \_\_\_\_\_

Home address: \_\_\_\_\_

Home postcode: \_\_\_\_\_

NHS number (if known): \_\_\_\_\_

GP surgery: \_\_\_\_\_

GP address: \_\_\_\_\_

Is your child registered with a dentist? Yes  No

Does your child regularly visit an optician? Yes  No

*Children are entitled to free NHS dentistry, prescriptions and eye tests.*

Name(s) of parent(s) with parental responsibility: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Name of previous school (if applicable): \_\_\_\_\_

**Does your child have any special health or education needs which could affect their learning or development?**

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Do you have any concerns about the following?**

- |                   |                          |                                   |                          |                |                          |
|-------------------|--------------------------|-----------------------------------|--------------------------|----------------|--------------------------|
| Vision/eyes       | <input type="checkbox"/> | Emotional wellbeing/mental health | <input type="checkbox"/> | Behaviour      | <input type="checkbox"/> |
| Hearing           | <input type="checkbox"/> | Height                            | <input type="checkbox"/> | Sleep patterns | <input type="checkbox"/> |
| Diet/eating       | <input type="checkbox"/> | Weight                            | <input type="checkbox"/> | Clumsiness     | <input type="checkbox"/> |
| Soiling/toileting | <input type="checkbox"/> | Teeth                             | <input type="checkbox"/> | Feet           | <input type="checkbox"/> |
| Bed wetting       | <input type="checkbox"/> | Speech                            | <input type="checkbox"/> | Severe snoring | <input type="checkbox"/> |
| Other concerns    | <input type="checkbox"/> | Constipation                      | <input type="checkbox"/> |                |                          |

If you ticked any of the above, please provide further details: \_\_\_\_\_

\_\_\_\_\_

**Does your child have any of the following medical conditions?**

- |                   |                          |   |                          |
|-------------------|--------------------------|---|--------------------------|
| Asthma            | <input type="checkbox"/> | Sickle cell                                     | <input type="checkbox"/> |
| Eczema            | <input type="checkbox"/> | Thalassemia                                     | <input type="checkbox"/> |
| Allergies         | <input type="checkbox"/> | Epilepsy  | <input type="checkbox"/> |
| Hearing problems  | <input type="checkbox"/> | Diabetes  | <input type="checkbox"/> |
| Eyesight problems | <input type="checkbox"/> | Attention deficit hyperactivity disorder (ADHD) | <input type="checkbox"/> |
| Other             | <input type="checkbox"/> |   |                          |

If you ticked any of the above, please provide further details: \_\_\_\_\_

\_\_\_\_\_

**Does your child have any regular medicine or treatment?**

Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

**Is your child under the care of a hospital at the moment, or ever been admitted to hospital?**

Yes  No

If yes, please provide:

Name of hospital: \_\_\_\_\_

Name of consultant: \_\_\_\_\_

Reason for hospital care: \_\_\_\_\_

**Has your child received the pre-school immunisation booster (4-in-1 diphtheria, tetanus, whooping cough, polio – given at 3 years and 4 months old, or soon after)?**

Yes  No

**Has your child received the MMR vaccine (measles, mumps and rubella – given at 3 years and 4 months old, or soon after)?**

Yes  No

*For any queries about immunisations, please contact the school nurse, your child's GP, or Vaccination UK. All immunisations for school aged children are provided by Vaccination UK, on behalf of NHS England. For further information you can contact the Vaccination UK School Immunisation Team for Haringey and Islington on 0208 017 7925 or email [haringeyandislington@vaccinationuk.co.uk](mailto:haringeyandislington@vaccinationuk.co.uk)*

**Does your child live with anyone who smokes?**

Yes  No

Would you be interested in further information or a referral to the Haringey One You Smoking Cessation service?

Yes  No

**Do you have any other concerns which you would like assistance from the School Health Service on?**

\_\_\_\_\_  
\_\_\_\_\_

**Name of person completing this questionnaire:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date this questionnaire was completed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Thank you for your cooperation in completing this questionnaire. Kindly return the completed form by returning it to your child's school for the School Health Service to collect. If your child requires further support from the School Health Service, you will be contacted directly. This questionnaire will be kept in your child's school health records. If there are any changes to your child's health and wellbeing, please inform the School Health Service by emailing [whh-tr.haringeyschoolnursing@nhs.net](mailto:whh-tr.haringeyschoolnursing@nhs.net).

**Accessing health services:**

**To find a GP or 'General Practitioner':** Visit <https://www.nhs.uk/Service-Search/GP/LocationSearch/4> or call NHS England on 0300 311 2233. You could also pop into a practice near your home and ask about becoming a patient.

**To find a Dentist:** Visit <https://www.nhs.uk/service-search/Dentists/LocationSearch/3> or pop into a dental surgery near your home and ask about becoming a patient.

**Eye tests:** Children are entitled to a free NHS sight test and help towards the cost of glasses. Ask a local optician on your high street for more information.