



**Medical Questionnaire**

**To inform an Education, Health and Care Assessment**

As part of the Education, Health and Care Assessment process, the Local Authority is required to seek medical advice. This is because we need to find out whether or not your child’s learning at school is affected by a medical condition. The medical questionnaire will be looked at by the Community Children’s Doctor for your child’s school.

In most cases filling in the form gives us all of the information we need, which means a medical appointment may not be necessary unless you would like one. It would therefore be helpful if you would complete and return this form to us via the school, who will return it with the other documents you are completing to the Local Authority

If having looked at the medical information you provide, the Community Children’s Doctor concludes that a medical appointment is needed, the school health service will contact you directly to offer an appointment. Please don’t be concerned about being invited to come to meet the Children’s Doctor.

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| **Personal Details:** |  | |
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| Full Name of Child: |  | |
| Date of Birth: |  | |
| NHS Number: |  | |
| Person with parental responsibility (please state relationship to child): |  | |
| Address: |  | |
| Telephone Number: | Home: | Mobile: |
| School: |  | |
| Name of General Practitioner |  | |
| Address of medical practice |  | |

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| --- | --- | --- | --- |
| **Medical History:** | |  | |
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| Does your child have a diagnosis or suspected diagnosis or any medical conditions e.g. Asthma/Epilepsy/Hearing or Visual problems? | | | |
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| Do you have any concerns regarding your child’s health? | | | |
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| Is he/she under any hospital consultants? If so please give the consultant’s name and the name of the hospital/clinic | | | |
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| Is your child known to any other Health care professionals? If so please include the names of the people your child sees and what they do? | | | |
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| Does your child have a Health Care Plan? If yes please provide reasons for Plan. | | | |
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| Is your child on any medical treatment? Please give name, doses and times given: | | | |
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| Does your child’s health pose any risk to themselves or to others whilst in school? If so, what? | | | |
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| Is there any family medical history you would like to share? | | | |
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| Is there anything else you think we should know? | | | |
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| If you are a parent and you would definitely like a medical appointment to discuss your child’s health please tick the box below. Thank you | | | |
| Please tick: Yes 🗆 ( Parent) | | | |
| If you are a young person of 16 years or older, if you would definitely like a medical appointment to discuss your health please tick the box below. Thank you  Please tick: Yes 🗆 ( Young Person) | | | |
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| **Parental Responsibility Declaration** | | | |
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| We are/I am happy that the information we/I have given describes my/our child’s current health/medical needs.  NB. In filling in an assessment request for an Education, Health and Care Plan the Local Authority is entitled to seek medical advice from a Paediatrician. You may be asked to attend a Medical Appointment for this purpose if the Community Children’s Doctor thinks it would be useful for your EHCP assessment. He or she may also telephone you if there are just a few things that need to be asked. | | | |
|  | | | |
| Signed: |  | | (Parent/Carer) |
|  |  | |  |
| Signed: |  | | (Parent/Carer) |
|  |  | |  |
| Date: |  | |  |
|  |  | |  |
| **Declaration completed by a young person aged 16 or over ( as appropriate)** | | | |
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| I am happy that the information I have given describes my current health/medical needs.  NB. In filling in an assessment request for an Education, Health and Care Plan the Local Authority is entitled to seek medical advice from a Paediatrician. You may be asked to attend a Medical Appointment for this purpose if the Community Children’s Doctor thinks it would be useful for your EHCP assessment. He or she may also telephone you if there are just a few things that need to be asked. | | | |
|  |  | |  |
| Signed: |  | | ( Young Person) |
|  |  | |  |
| Date: |  | |  |

Thank you for completing this form

**Please return** to SEN Team, Shirehall, Abbey Foregate, Shrewsbury SY2 6ND