Dorset HealthCare
University NHS Foundation Trust

NHS

School Nursing

School Entry Health Review

Please complete this questionnaire in **black ink** and then return to school as soon as possible, in a sealed envelope for the attention of the School Nursing Service. Thank you

School:

Child's Full Name ..... Also Known As .....

Boy/Girl ..... Date of Birth .....

Child's Ethnicity ..... NHS Number .....

Address .....

..... Post code .....

Daytime contact telephone number .....

Names of Parents/Carers .....

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Relationship to child .....

G.P. Surgery. ..... Dental Surgery .....
NHS Choices Website www.nhs.uk

	Yes	No
1. Has your child had their pre-school booster injection at your GP Surgery?	☐	☐

N.B. If NO, please arrange with your family doctor for this to be done.
Vaccine Knowledge Project http://vk.ovg.ox.ac.uk

2. Is your child affected by any of the following?
Please tick if applicable and if they are receiving treatment.

	Yes	No		Yes	No
Asthma	☐	☐	**Diabetes**	☐	☐
Anaphylaxis (severe allergies)	☐	☐	**Epilepsy or seizures**	☐	☐
Mild/Moderate allergies	☐	☐	**Other *(please state)***	☐	☐

If answered YES to any of the above, please put details and any treatment your child has:-

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3. Does your child take any medicine or tablets regularly? **Yes ☐** **No ☐**
If answered YES, please give details:-

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4. Are you concerned about any of the following for your child?

		Yes	No		Yes	No
Toileting				**Speech**	☐	☐
Wetting	- At night	☐	☐	**Behaviour**	☐	☐
	- In the day	☐	☐	**Clumsiness**	☐	☐
Soiling	- At night	☐	☐	**Sleeping**	☐	☐
	- In the day	☐	☐	**Hearing**	☐	☐

If answered YES to any of the above, please give details, including any treatment and name of doctor, specialist or department where your child is seen.

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5. Does your child have any other health needs that you think may affect their school life?
Please give details.

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As part of the Healthy Child Programme all children will be having a hearing check during their first year in school, this is to ensure that if there is an unknown hearing loss it does not impact on their learning and development. This hearing check will be carried out by a member of the School Nursing Team in school. If you are happy for your child to have this important hearing check, you do not need to do anything. If you do not want your child to have a hearing check, please let us know using the telephone number below **within two weeks** of receiving this questionnaire. You will be informed by letter about the hearing check results.

Your child will receive a routine vision screen in school by the Orthoptist during their Reception year. Your local optician is also able to carry out a free vision test.

If you would like any support please call your School Nurse team as below
Contact Details for your local School Nursing Team:

Bournemouth	01202 443035
Poole	01202 711538
Christchurch, East Dorset & Purbeck	01425 891162
Dorchester, North Dorset, West Dorset & Weymouth and Portland	01305 361531

Signed ..... Person with parental responsibility

Print name .....

Date .....