# Medical Questionnaire

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

As part of the Education, Health and Care Assessment process, we are required to seek medical advice. This advice must be sought from health care professionals with a role in relation to your child/young person's health. This is because we need to determine whether or not your child’s progress at School or College is affected by a medical condition. The medical advice for this purpose is co-ordinated by the Community Paediatrician (School Doctor).

In most cases completion of the questionnaire provides all of the information we require, which means a medical appointment will not be necessary unless you specifically request one. It would therefore be helpful if you could complete and return this form to us as soon as possible, by post or email, using the contact details set out below. We would normally ask that School includes this form with the Request for Assessment.

If, having considered the medical information you provide, the School Doctor concludes that a medical examination is recommended, the school health service will contact you directly to offer an appointment.

**Personal Details:**

|  |  |
| --- | --- |
| Name of Child |  |
| Date of Birth |  |
| Parent(s) |  |
| Address |  |

**Medical History:**

|  |
| --- |
| Does your child have any existing diagnoses? |
|  |
| Do you have any concerns regarding your child’s health? |
|  |

|  |
| --- |
| Is he/she under a consultant? |
| If so please give the consultant’s name and the name of the hospital/clinic |
|  |
| **\*Please send any reports you would like the Doctor to see when you return this questionnaire** |
|  |
| Does your child receive any ongoing input from Health Services or are they on a waiting list? For example, Speech and Language Therapy Services, Occupational Therapy or Physiotherapy |
|  |
| Is there a risk that not having your child's medical needs met in school could cause them harm? (For example, does your child have epilepsy, diabetes or another medical condition that requires monitoring ?) |
|  |
| Is there any family medical history you would like to share? |
|  |
| Is there anything else you think we should know? |
|  |

**Parental Responsibility Declaration**

**Please tick to confirm the following:**

* We are/I am satisfied that the information we/I have provided identifies my/our child’s current health/medical needs.

NB In completing an assessment for an Education, Health and Care Plan we are entitled to seek medical advice from a Paediatrician and you will be asked to attend a Medical Appointment for this purpose if deemed appropriate.

* I/we confirm that if asked to do so I/we will ensure that my/our child/young person attends any medical appointment offered and understand that if we fail to attend that appointment that Worcestershire Children First may have to end the assessment process or conclude that there is insufficient information with which to issue an Education, Health and Care Plan.

Signed…………………………………………………………(Parent/Guardian)

Signed…………………………………………………………(Parent/Guardian)

Date……………………………………………………………

**PLEASE RETURN THIS FORM TO SCHOOL TO SUBMIT WITH THE REQUEST FOR ASSESSMENT OR RETURN DIRECT TO**

SEND – Education and Early Help

Worcestershire Children First

County Hall

Spetchley Road

Worcester

WR5 2NP