



**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 health advice. This is because we need to find out whether or not your child’s learning at school is affected by a health condition. The medical questionnaire will be looked at by a qualified health professional.

In most cases filling in the form gives us all of the information we need and a separate medical appointment may not be necessary. In some cases we may tell the local authority to ask another agency for more information about the conditions you have described, especially mental health conditions.

If after reading all the information in the child’s Education, Health and Care request paperwork, the community children’s doctor feels a medical examination is needed, your child will be offered an appointment. The purpose of this medical appointment is to let the local authority know about existing physical health needs that may impact on your child in school and is not intended to be for any diagnostic purpose. Please don’t be concerned about being invited to come to meet the Children’s Doctor.

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.

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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 | |  | | |
| **Medical History:** | |  | | |
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| Does your child have a formal diagnosis of any medical conditions including mental health condition? Please attach diagnostic letter and relevant correspondence. | | | | |
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| Do you have any concerns regarding your child’s health? | | | | |
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| Does your child receive any ongoing input from any health services or are they on a health service waiting list? If so, please give the details. | | | | |
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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? Is your child on any waiting lists e.g., SLT | | | | |
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| Does your child have an Individual Health Care Plan developed by their school e.g., for eczema/asthma/allergies/epilepsy? If yes, please provide details. | | | | |
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| Is your child on any medical treatment? Please give the name (s). If any needs to be given when your child will be attending the education setting, please also state this as well as doses and times to be 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 anything else you think we should know? | | | | |
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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 and other health professionals. 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. | | | | |
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| 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 and other health professionals. 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. | | | | |
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| Signed: |  | | | (Young Person) |
|  |  | | |  |
| Date: |  | | |  |

Thank you for completing this form.

**Please return this form** by email to [senrequestsforassessments@shropshire.gov.uk](mailto:senrequestsforassessments@shropshire.gov.uk) or by post to   
SEN Team, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND.