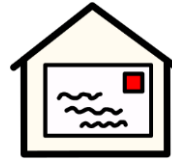


School _____



Solent
NHS Trust



Solent 0-19 School Nursing
Service
2nd Floor, Civic Offices
1 Guildhall Square
Portsmouth
PO1 2AL

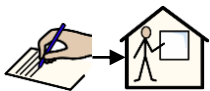


0300 123 6629

SCHOOL ENTRY HEALTH REVIEW (CH1)



Solent NHS School Nursing Service offers confidential health support to all school aged children. We work with parents/ carers and schools to make sure that children are supported in school.



Please complete all of the form and return this to your child's school who will forward it to the School Nursing Service.



We may need to contact you either by telephone, email or letter about the information you give us.

If you would like to talk about your child's health, please



call us on **0300 123 6629**

or text us on **07491 163276**



If you would like to know more about how your child's data is used, please see the "Your Information, Your Rights" page on our website www.solent.nhs.uk

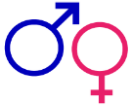
Your Child's details:



Name



DOB



Gender



Address



Post Code



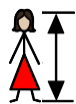
Mobile number



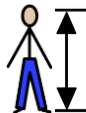
email



Ethnicity



Mother's height



Father's height



GP
Surgery



Other schools
attended
(if any)



Immunisations:

	<p>Has your child had ALL their routine childhood immunisations, including the pre-school booster?</p> <p>YES NO</p>
	<p>If you are unsure, please call us on: 0300 123 6629 we can advise you on any missed vaccinations.</p>
	<p>Some childhood immunisations are delivered at your child's school.</p> <p>You will be informed by letter about these before they happen.</p>
	<p>For more information visit www.nhs.uk/conditions/vaccinations/</p>



Dentist:

	<p>Is your child registered at a Dentist?</p> <p>YES NO</p>
	<p>Dentist name and address:</p>
	<p>Children should see a dentist at least once a year.</p>
	<p>For help finding a dentist: visit https://www.nhs.uk/service-search/find-a-dentist</p>

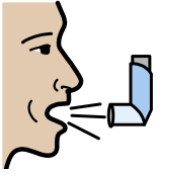




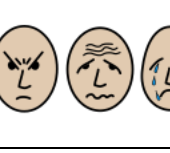





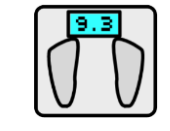




Your Child's health

Are you worried about any area of your child's health?

Please tick all that apply.



	Asthma			Bedwetting	
	Constipation			Diabetes	
	Eczema / skin condition			Emotional concerns	
	Hearing concerns			Physical disability	
	Learning disability			Severe allergies	
	Soiling			Weight concerns	
	Wear glasses?				
	Other, please tell us:				



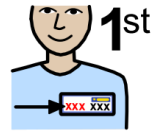
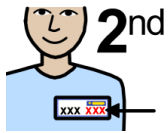
Your child's health



	<p>Has your child ever had a serious illness / operation or accident?</p>	
	<p>Does your child take any prescribed medication or treatment?</p>	
	<p>Does your child have any emergency medication?</p>	
	<p>Has your child been assessed by any other health professional in the last year?</p>	
	<p>Anything else you would like to tell us?</p>	



Who lives at home?



Surname	First name	Date of Birth	Relationship to child	School

	<p>If you have any questions please: Call us on 0300 123 6629 or Text us on 07491163276 (Monday to Friday, 9am to 4 pm)</p>
	<p>If you are concerned about your child's health, please: contact your GP or seek advice from NHS111</p>