



## **MEDICAL QUESTIONNAIRE FOR EDUCATION HEALTH & CARE NEEDS ASSESSMENT CONSIDERATION PANEL**

**CHILD'S NAME:**

**CHILD'S DATE OF BIRTH:**

**CHILD'S ADDRESS:**

Dear Parent/carer,

As you will be aware your school is preparing to ask the Local Authority (LA) to consider undertaking an Education Health and Care Needs Assessment (EHCNA) of your child's special educational needs.

If the panel decide this assessment should go ahead, the LA must seek advice from health as to whether your child has medical needs that will have to be considered in this assessment.

Your child may well have seen different professionals in the NHS over the course of their life, however unfortunately not one person or service has access to all this health information. **Therefore, could you please complete the form as soon as possible and return it to your school to add to the request information. This will help to ensure the Panel have the details as part of their consideration.**

Should the needs assessment go ahead, this form will then be sent to your local Child Development Centre to decide if your child requires further medical assessment from a Doctor as part of the needs assessment.

**If the panel decide to start an ECHNA and you are currently open to; a paediatrician/CAMHS/Speech and Language Therapist/physio/occupational therapy, the LA will automatically ask them to contribute to the process.**

**Often this is done based on information they already have about your child but in some cases the professional may need to review your child in order to update this information. Please still complete the 8 questions below as it will provide additional helpful information.**



5. Can you list and briefly detail any significant health events your child has experienced (e.g.: surgery, accidents, hospital stays, allergies/anaphylaxis, seizures etc).
  
6. Is your child accessing help from any other health services (other than your GP)? If yes, can you list below (examples might include CAMHS, Speech Therapy, Youth Emotional Support Service, Counselling services, Neurologists, dietician etc). ***Please also list private health professionals who may be working with your child.***
  
7. Has your child been to see your GP, apart from routine immunisations, in the last 6 months? If so, why?
  
8. When was your child's hearing and vision last checked? Are there concerns in this area?

Thank you for filling this form in. Please now return the form to your school to submit with the request documentation.

If a needs assessment is started and your local Child Development Centre decide your child would benefit from further medical assessment, they will be in touch to arrange an appointment.