

## Harrow & Hillingdon Looked after Children's Health service

# Young Person's Health Questionnaire

### Need more information?

Compass Harrow  
Twenty One Building, 21 Pinner Road  
Harrow HA1 4ES  
Tel: 020 8861 2787    Mobile: 07860 438496  
[www.compass-uk.org](http://www.compass-uk.org)

Harrow Horizons  
Twenty One Building, 21 Pinner Road  
Harrow HA1 4ES Tel: 020 8427 1322

Clinic in a Box @ Caryl Thomas Clinic  
Headstone Drive, Wealdstone, Harrow  
HA1 4UQ  
Tel: 020 8863 7004

Clinic in a Box @ Fountains Mill  
Fountains Mill, 81 High Street, Uxbridge UB8 1JR  
Tel: 01895 488850

Hillingdon Contraception and Sexual Health  
Walk in clinic for under 25's  
[www.cnwl.nhs.uk/service/sexual-reproductive-health-uxbridge-health-centre/](http://www.cnwl.nhs.uk/service/sexual-reproductive-health-uxbridge-health-centre/)  
Uxbridge Health Centre Tel: 01895 488890

Link Counselling Service - Tel: 01895 277222

Sorted (Hillingdon)  
Old Bank House, 64 High Street, Uxbridge UB8 1JP  
Tel: 01895 207777

Hillingdon and Harrow  
Looked after Childrens Health Team  
Tel: 01895 488860

# Young Person's Health Questionnaire

Thank you for agreeing to complete this form. If you do not want to answer any of the questions or you are unsure of the answers please leave them blank. When you have finished the form will be returned to the nurses in the LAC health service.

Harrow & Hillingdon Looked after Children Health Teams  
Telephone No: 01895 488860

**I give my consent for the doctor/nurse to share this questionnaire with key professionals ie \*my social worker, \*GP, \*school nurse.**

**I would also like my \*foster carer/keyworker to receive a copy (\*delete as appropriate):**

**Name:** ..... **Date of Birth:** .....

**Signature:** ..... **Date:** .....

**Address:** .....

**Telephone:** .....

**Mobile:** .....

**Name of carer /keyworker:** .....

**Name of social worker:** .....

**Name of GP:** .....

## Education

Do you attend school or college? If so, which one?

Do you get any extra help at school / college?

Do you enjoy what you are doing?

Are there any problems, eg bullying, difficulties with other students?

Is there anything else you would like to say or ask?

If you have any concerns about your health would you like someone from the health team to contact you?

Yes / No

## Immunisations:

Do you remember having any in the last two years?

Do you think you have a healthy diet? What do you eat?

When you are out and about on your own, what do you do to keep yourself safe?

Do you smoke? Yes / No  
If yes, how many a day?



Have you smoked anything other than tobacco?

Do you drink alcohol?



If yes, how much a week?. / What type?

Do you take or have you taken other drugs?

**If you have answered YES to any of the 3 questions above, would you like some help / support or advice from local drug & alcohol services?**

Are you sexually active or thinking of becoming sexually active?

Have you attended local clinics?

Would you like any help, advice or support around your sexual health, contraception or sexually transmitted infections?

## Physical Health

When did you last see your GP?

Do you have any medical conditions?

Have you got any worries about your health?

If you have, what are they?

Are you allergic to anything? If yes, what?

Do you take any medicines?

If yes, what do you take, and how often?

Name of Dentist:

Date of last visit: How often do you brush your teeth?

Did you need treatment?

Name of Optician:

Date of last visit:

Have you been prescribed glasses? Do you wear them?

Do you have any concerns about your hearing?

Do you attend appointments with any other health people or therapists?  
eg Speech and Language / Hospital Outpatients

If yes, who do you see and when did you last see them?

What physical activities do you enjoy doing?

What do you like to do in your free time?

What time do you go to bed?



Do you wake up during the night or have nightmares?

If yes, how often?

## Emotional Health

Are you happy with your appearance?

If not, what is it that you are not happy with?

What makes you happy?

Are you happy with life at the moment?

Do you have someone to talk to about any worries you have?

If yes, who do you talk to?

Do you self harm?

Are you happy with your placement?

## Lifestyle

How many fast food meals do you eat each week?

What do you think is a healthy diet?  
(Healthy Eating Plate)

