Central and North West London

Looked After Children Health Assessment Survey 2017/18

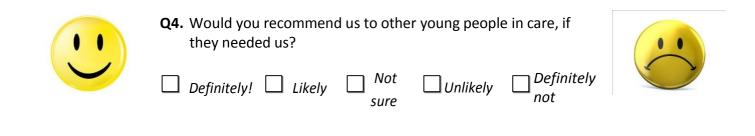
		Practitioner to be completed				
Date (DD/MM/YYYY):		[2	Gender:	Male	Female
Age Range:	0-4	5-10 16 and over				
Ethnic Origin:	Mixed (Asian & White, Black & White, Other Mixed)	Asian (Pakistani, Indian, Bangladeshi, Other)				
	White (British, Irish, Other)	Other (Chinese, Arab, Other)				
	Black (African, Caribbean, Other)	I do not wish to disclose				
Health Assessment:	IHA					
Appointment with:	Dr LAC Nurse	School Nurse				
Interpreting			Yes			No
Did the client need any h	elp with interpreting	g?			[
If YES, was this provided	?				[

Please turn over page and hand to the client

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		Clie	nt/Patient S	Section		
Q1. Dic	d you feel that y	ou were trea	ted with resp	ect today?		
Yes				Vo		
☐ If N	O, tell us why:					
	Q2. Please ra	ate us on hov Quite Good	w we did for y □ οκ	you today: Not very good	$\Box_{all}^{Not at}$	

Q3. Tell us a little about how your health assessment was today:



Thank you for taking the time to complete this questionnaire. Please hand it back to a member of staff when finished.