

Looked After Children Health Assessment Survey 2017/18

Practitioner Section - to be completed by practitioner

Date (DD/MM/YYYY):

Gender: Male Female

Age Range: 0-4 5-10
 11-15 16 and over

Ethnic Origin:

<input type="checkbox"/> <i>Mixed (Asian & White, Black & White, Other Mixed)</i>	<input type="checkbox"/> <i>Asian (Pakistani, Indian, Bangladeshi, Other)</i>
<input type="checkbox"/> <i>White (British, Irish, Other)</i>	<input type="checkbox"/> <i>Other (Chinese, Arab, Other)</i>
<input type="checkbox"/> <i>Black (African, Caribbean, Other)</i>	<input type="checkbox"/> <i>I do not wish to disclose</i>

Health Assessment: IHA
 RHA

Appointment with: Dr School Nurse
 LAC Nurse HV
 Other

Interpreting

	Yes	No
Did the client need any help with interpreting?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, was this provided?	<input type="checkbox"/>	<input type="checkbox"/>

Please turn over page and hand to the client

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Client/Patient Section

Q1. Did you feel that you were treated with respect today?

Yes

No

If NO, tell us why:



Q2. Please rate us on how we did for you today:

Great!

Quite
Good

OK

Not
very
good

Not at
all



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



Q4. Would you recommend us to other young people in care, if they needed us?

Definitely!

Likely

Not
sure

Unlikely

Definitely
not



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