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**BARNET 0-19 School Nursing**

**Reception Questionnaire**

**Child details**

|  |  |
| --- | --- |
| **First name** | Click or tap here to enter text. |
| **Last name** | Click or tap here to enter text. |
| **Address**  | Click or tap here to enter text. |
| **Post code** | Click or tap here to enter text. |
| **Date of birth** | Click or tap here to enter text. |
| **NHS number** | Click or tap here to enter text. |
| **Gender** | Click or tap here to enter text. |
| **Ethnicity** | Choose an item. |
| **GP Surgery** | Click or tap here to enter text. |
| **Child’s school** | Click or tap here to enter text. |

**Parent/carer details**

|  |  |
| --- | --- |
| **First name** | Click or tap here to enter text. |
| **Last name** | Click or tap here to enter text. |
| **Address**  | Click or tap here to enter text. |
| **Post code** | Click or tap here to enter text. |
| **Relationship to child** | Click or tap here to enter text. |
| **Contact number/s** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |
| **Date form completed** | Select a date. |
| Do you consent to being sent health promotion material via email?[ ] Yes[ ] No |

Send completed form to: hcp.4barnet@nhs.net