

Health Screening for transfer review process

Name of child/young person:		Date of birth:	
Name of GP:		NHS Number:	
Name and address of GP practice:		CCG (office use only):	
School:			

Does your child have any health problems which relate to their educational needs? Yes / No

If Yes, please provide a brief description:

If your child is under the care of any health professionals / teams, please list them below:
(please continue overleaf if required)

Name of service and/or Practitioner	Job title / Role in supporting your child's health needs	Contact details	Report available Yes/No (please provide copies)

Have your child's health needs changed since their Statement of SEN was issued or last revised?

Yes / No

If Yes, please tell us how:

Do you consent to the SEN service contacting relevant health services to seek further advice if required?

Yes / No

Signed: _____

Print name: _____

Relationship to child / young person: _____

If you have any questions about this form, please contact Alison Markwell, Designated Clinical Officer for SEN and Disabilities on 020 3350 4319 or alisonmarkwell@nhs.net

Please return this form to:

The Tri-borough SEN Service

The Royal Borough of Kensington & Chelsea
Kensington Town Hall
Hornton Street
London,
W8 7NX