

The Full Picture: A. The Referral Procedure
Admission information and consents

Name of Child/YP		Blood Group	
Last Address			
Mother Address			
Father Address			
Place of Birth		Name of last school attended	
Has the child/young person ever suffered from, or is currently being treated by medical staff for:			
	Currently	Previously	
Heart Problems			Enuresis
Asthma			Eating disorder
Eczema			Eye problem
Hay fever			Smoking
Drug Misuse			Alcohol Misuse
Has the child/young person ever suffered from any of the following:			
	Yes	No	
Rubella			Mumps
Scarlet fever			Tonsillitis
Chicken pox			Meningitis
Measles			Allergy
Is the child/young person on repeat medication? If yes, please give details.	Yes		No
Has the child/young person ever had any accidents or broken bones? If yes, please give details.	Yes		No
Has the child/young person been admitted to hospital for any accidents or operations? If yes, please give details.	Yes		No
Has the child/young person attended the doctor in the last three months? If yes, please give details.	Yes		No
Does the child/young person have any ongoing dental treatment? If yes, please give details.	Yes		No

**Referral Procedure
Part 6**

Vaccinations			
	Date		Date
Diphtheria		Meningitis	
Tetanus		MMR1	
Polio		MMR2	
Whooping Cough		BCG	
Comments			
Any Dietary Requirements			