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:

- 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  
- RHA

Appointment with:

- Dr  
- School Nurse  
- LAC Nurse  
- HV  
- Other

Interpreting

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the client need any help with interpreting?</td>
<td></td>
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<tr>
<td>If YES, was this provided?</td>
<td></td>
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</tbody>
</table>

Please turn over page and hand to the client
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.