



**CNWL School Nursing Service,
Goodall Division,
Beaufort House,
Cricket Field Road,
Uxbridge,
UB8 1QD**

September 2018

Dear Young Person,

Re: Your health – a brief screening questionnaire

The **School Nursing Teams in Hillingdon** work in partnership with children, young people and families as well as schools and the local authority to ensure that pupils are supported within their school community to **remain healthy and receive the right support where it is needed**.

As you are in Year 9 it is a **good time to review your health** through this brief questionnaire as recommended in the 'Healthy Child Programme' (Department of Health, 2009).

Each school in Hillingdon has a named School Nurse. The School Nurse runs a confidential service in schools. We can help where young people want advice or need to talk to someone about any worries relating to their health and well-being, as well as provide support and advice to parents/carers.

The questionnaire provides an **opportunity to identify any new or on-going health needs** you may have and require additional support with, and enable individual follow-up actions which may be required to support you in ensuring you **remain healthy as possible**.

This information will be kept safely in your School Health Record, and will not be shared with any third party. If information is to be shared will we always get your consent first unless we feel that you are in any danger or at risk of harm.

The questionnaire will take **less than five minutes to complete**.

*Please complete the questionnaire even if you believe you have no health needs. The closing date for returned questionnaires will be **Friday 19th October 2018**.

Please click on the below link to complete the questionnaire:

<https://www.oc-meridian.com/cnwl/survey/HILLINGDONCHILDSCHOOLYear9and12>

We **thank you** for taking the time to work with us in supporting our young people's health in Hillingdon.

Yours Faithfully,

The Hillingdon School Nursing Team

HILLINGDON CHILD HEALTH SCREEN QUESTIONNAIRE

Dear Student/Young Person,

Thank you for completing this brief health questionnaire.

The questionnaire is for those Students in Year 9.

Completing this will help us to update your school health record, as well as enable us to take any follow-up actions which may be required to ensure you **remain as healthy as possible** throughout your school career.

This information will be kept safely electronically in your School Health Record, and will not be shared - unless your consent is given.

1. Your Details

Name: _____

Date of Birth (dd/mm/yy): ____ / ____ / ____

NHS number, if known: _____

Gender: _____

Ethnicity: _____

Religion or 'prefer not to state': _____

Home Address: _____

Post Code: _____

Contact Number: _____

Email Address: _____

2. Your School Details

School: _____

3. Your health

Do you have **any worries regarding the following?**

Bullying **Yes / No**

Anxiety / Low Mood **Yes / No**

Relationships/ Sexual health **Yes / No**

Weight/ Diet **Yes / No**

Alcohol **Yes / No**

Smoking/Drugs **Yes / No**

If yes to any of the above, please could you give us any further details:

Are you under the care of any other service (e.g LINK Counselling, CAMHS):

Do you have **any other concerns** regarding your health? **Yes / No**

If Yes, please let us know:

Would you like the school nurse to contact you? **Yes / No**

How would you like the school nurse to contact you? (Please circle)

Text **Email** **Telephone**

It is a good idea to be registered with a dentist and opticians and attend regular check-ups.

Don't forget if you need to visit the G.P and you attend without a parent or guardian and it will be confidential.

Thank you for completing this questionnaire. The School Nurse may be in touch with you to provide any support which may be indicated.

Useful Websites:

NHS Choices – www.nhs.uk

Youth services at Fountains Mill - www.hillingdon.gov.uk

Sexual Health – www.hillingdonsexualhealth.org.uk