



Health Record Form

Please complete this form to the best of your knowledge using current and accurate information. Please inform us immediately if any of the details change to ensure that we have relevant and correct information at all times. Thank you for your co-operation.

Health Visitors name and telephone number:
Doctors Name, Address and Telephone Number:
Does your child have any known allergies?(e.g. food, animals, drinks, medication)
Does your child have any special dietary requirements or food allergies?
Does your child have any special Health Requirements?
Is your child involved with any other professionals? (e.g. Speech and Language therapist, Physiotherapist)

Has Your child previously been supported by other professionals? If so who and how long ago?

Are all Childhood Vaccinations up to date?

Diphtheria..... Tetanus.....

Whooping Cough..... Polio.....

MMR..... HIB.....

Meningitis C.....