

# Isle of Wight Children in Care Health Service

## Your Health Workbook 5-11

to be completed with the support of parent/carer



## Health Workbook

Thank you for agreeing to complete this form with your young person. If you are unsure of the answers please leave them blank. When you have finished the form will be returned to the nurses in the CIC health service.

Isle of Wight Children in Care Health Team  
Telephone No: 01983 822099 ext. 5412

Name:- .....

Date of Birth:- ...../...../.....

Signature of Carer:- ..... Date:- ...../...../.....

Address:- .....  
.....

Telephone/ Mobile:- .....

Name of carer/keyworker:- .....

Name of social worker:- .....

Is there anything else you would like to say or ask?

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....



## Education

Do you go to school ? Yes / No

If so, which one?

.....  
What is your favourite subject?

.....  
What is your least favourite subject?

.....  
Are there any problems, eg bullying, difficulties with other students?

## Immunisations

Do you remember having any injections in the last two years?

.....  
.....

## Physical health

When did you last see your GP?

.....  
.....

Do you have any medical conditions?

.....  
.....

Are you allergic to anything? If yes, what?

.....  
.....

Do you take any medicines? Yes / No

If yes, what do you take and how often?

.....  
.....

Are you registered with a Dentist? Yes / No

Name of Dental Surgery:

.....  
.....

Date of last visit: ...../...../.....

Did you need any treatment? Yes / No

How often do you brush your teeth? (please circle)

**Not at all**    **Once a day**    **Twice a day**    **Three times a day**

## Physical health

Are you registered with an optician? Yes / No

Name of Optician:.....

Date of last visit: ...../...../.....

Do you wear glasses? Yes / No

What physical activities do you enjoy doing?

.....  
.....

What do you like to do in your free time?

.....  
.....

What time do you go to bed?.....

Do you wake up during the night or have nightmares? Yes / No

What time do you wake up?.....



## Emotional health

What makes you happy?

.....  
.....

Do you have someone to talk to about any worries you have?

.....  
.....

If yes, who do you talk to?

.....

## Lifestyle

How many fast food meals do you eat each week? Please circle

0 1 2 3 4 5 6 7 8 9 +10

What do you think is a healthy diet?

.....  
.....

Do you think you have a healthy diet? What do you eat?

.....  
.....