

We are interested in finding out what health and social care services your child has had access to since they started Primary 5.

Please indicate below how many times (if at all) your child has used any of the services listed below. If your child has not been in contact with a particular service, please enter '0' rather than leaving it blank.

Note: please enter '0' if service has not been used

Service	Total number of contacts
General Practitioner (GP)	
School Nurse	
Accident and Emergency (A&E) Visit	
Social Worker	
Speech therapist	
Occupational therapist	
Educational Psychologist	
Counselling/therapy	
Dentist	
Optician	
Police	
Hospital stay	Number of nights:
Hospital outpatient visit	

Has your child used any other services that are not listed in the table above? If so please let us know:

Other service 1: _____

No. of contacts: _____

Other service 2: _____

No. of contacts: _____

Please list below your child's use of any medication taken since he/she started P5.

Name of medication	How long did your child take this medication for? (e.g. 1 week)	Daily Dosage
1.		
2.		
3.		
4.		

Since your child started P5, have you had to take time off work or your usual daily activities due to your child being off school? (For example, time off due to child's illness, behavioural problems, attending appointments etc.) Yes No

If yes, please state how many days: _____

THANK YOU