

Request for GP advice to support the development of an Education, Health Care Plan for a young person (18-25 years)

CONTEXT

This information is sought in accordance with the Children and Families Act 2014. The Local Authority is seeking advice as part of an Education, Health and Care assessment.

Appropriate consent has been received for this information to be provided to the Local Authority as part of the Education, Health and Care needs assessment process.

If you have any questions re the provision of advice as part of this process, please contact:
Natasha Patten, Designated Clinical Officer for SEN and Disabilities (Ealing and Hounslow CCGs)
n.patten@nhs.net or 07795497896

CHILD/YOUNG PERSON'S DETAILS (pre-populated by SEN team)

Name:			
Home address (please check this for accuracy and amend if required):			
Date of Birth:		Gender:	
Ethnicity		Religion:	
Languages spoken at home		Is interpretation required?	
Name of parent(s)/person(s) with parental responsibility/Next of Kin:			
Address:			
Telephone:		Email address:	
Name of siblings:			
School at time of assessment:			
		Key Stage at time of assessment.	
Year Group at time of assessment:		Unique Pupil Number:	
Is the child / young person...			
	Looked after by the Local Authority?	Yes / No	
	Subject to a Child Protection Plan?	Yes / No	
	Identified as a Child in Need?	Yes / No	

ADVICE GIVERS DETAILS:

Name:	GP Practice: NHS Trust
Job Title:	CCG:
Email address:	Telephone number:
Is this child/young person previously known to your service?	Yes / No
What has your involvement been with the child/young person?	

REASON ADVICE IS BEING PROVIDED

EHC Needs Assessment

Statement of SEN to EHC Plan Transfer

Please provide details of any health condition that may impact on the young person's education:
(e.g. due to limited mobility, pain, attention and concentration, sleep, mental health, communication difficulties)

Current medication and important side effects:

(Please indicate if the young person will require support to administer medication in an educational setting).

Allergies

- No known allergies
- Known allergies: (specify)

Recommended Provision and Summary of health care plan:

(to include ongoing hospital appointments, current investigations, referrals made and involvement of other healthcare services)

Have you completed a Learning Disability Health Check for this young person?

Yes / No

If Yes, please attach a copy.

Signed:

Date:

Please return this form, together with any reports to:

Special Educational Needs Department
Hounslow House, 7 Bath Road, Hounslow TW3 4EB

For office use only

Date Received:		Response due by:	
Case Officer:		Panel Date:	