















Child's name				My Health Plan (Pictorial assessment)	<div>NHS</div> <div>Berkshire Healthcare</div> <div>NHS Foundation Trust</div>
NHS Number		Date of Birth			

<div>What do I like to eat and drink</div> <div></div>	<div>My learning</div> <div></div> <div>EHCP, Attendance, progress, concentration</div>	<div>My thoughts and Feelings</div> <div>Emotions, behaviour, mood score, self-harm.</div> <div></div>	<div>My questions about me and my health</div> <div></div> <div>The biggest change this year</div>
<div>My development</div> <div></div> <div>Gross motor Fine motor Communication Problem solving / cognition. Personal / social Puberty</div>	<div>Keeping me safe</div> <div></div> <div>Online, community, bullying, road safety</div>	<div>My personal hygiene</div> <div></div> <div>Hair, skin, nails</div> <div>Keeping my teeth healthy</div> <div></div>	<div>My Sleep, Bedtime routine, Enuresis, Bad dreams, Difficulty settling, quality of sleep.</div> <div></div> <div>Growth Height and Weight (optional)</div> <div></div>
<div>Keeping active</div> <div></div> <div>Exercise, activities</div>	<div>My Friends and Family</div> <div></div>	<div>My Eyesight and Hearing</div> <div></div>	<div>Wishes, Goals and Dreams</div> <div></div>

Children & Young
People in Care
Website



Feedback Link
0828 –East team
0837 –West team



1 2 3 4 5

Child's name				<div>My Health Plan</div> <div>(Pictorial assessment)</div>	<div><div>NHS</div><div>Berkshire Healthcare</div><div>NHS Foundation Trust</div></div>
NHS Number		Date of Birth			

Additional information

Growth	Current	Previous
Height	cm	cm
Weight	kg	kg
BMI	centile	centile

SDQ (Strength and Difficulties Questionnaire)

Date:Score:

Action taken/support needed:

EHCP Y/N

Appearance/Presentation

Unaccompanied children

Translator Y/N

Translator details:

Concerns related to journey:

Medical history

Current health concerns

Include last visit to GP (date & reason) -

Medication:Allergies:

A&E attendance/Hospital admissions

Consent (verbal)

Does the young person consent to:

1.The review health assessment:

Yes No N/A due to capacity (age, LD)

2.The obtaining and sharing of relevant health information with other health and children's services including social care and education.

Yes No N/A due to capacity (age, LD)

3.A copy of this health assessment being sent to their GP, Carer, Social Care.

Yes No N/A due to capacity (age, LD)

Immunisation status

For unaccompanied children, consider catch up immunisation schedule

Is this child fully immunised for their age?	Yes / No
Immunisations required now	
Next one due	

Health appointments

Record date provider & speciality

Dental Appointment date/ Practice

Optician Appointment date/ Practice

GP Practice

Other

Health recommendations for the care plan

Outstanding Actions from previous year:

New recommendations:

Have the new recommendations been discussed with the young person?

Yes No N/A due to capacity (age, LD)

Information gathered from:

Discussion with YP Education Social Worker

Discussion with carer Previous health assessment

Other

Adult present during review:

Notes

Professional completing the form: Name DateTime

Role Signature