

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

Learning and Development

Any difficulties with physical or learning activities?
School/Employment

Wishes/aspirations/goals

Growth, Nutrition and Appetite
(height and weight optional)

Height and weight, diet

Physical Health

Immunisations, Dental, Eyes, Hearing, Skincare
Any other health appointments

Healthy Lifestyle

Diet, Self-Care, Exercise/activities

Current Health

Any worries? Any changes to your health?
Smoking/Vaping/Alcohol/Substance Misuse
Any new referrals? Referrals needs?

Keeping Myself Safe

What do you like to do (in real life and online)?
How much time do you spend on line?
Do you feel being online impacts on your health (physical and/or emotional health)?
Is your time online positive or negative for you



Sexual Health and Relationships

Puberty, Aware of Health Services (Safe Sex Berkshire)
Personal Checks, Screening

My Family, Friends and supporting adults

Family contact, Household members
How do you communicate with friends?
How is your relationship with your social worker/PA?

Independence & Managing My Health

Accessing Services
Making/attending appointments
When you are unwell?
Managing medication

How I Feel

How do I manage my emotions?
Need additional support?
SDQ
Cultural, religious and spiritual beliefs

Anything else I want to talk about

Sleep, Rest and Relaxation

Children & Young People in Care Website

→

Feedback Link

→

0828 –East team
0837 –West team

16+

- PA allocated
- Employment/education
- Future planning
- Independence
- Young Person accessing health services

17+ Care Leavers Health Summary

- Discussed today **Yes** **No** **N/A**
- How do you want to receive it?
- Do you consent for a copy to be shared with Social Care **Yes** **No**

Care Leavers Free prescriptions

- Discussed today **Yes** **No** **N/A**
- More support needed from Social Care **Yes** **No**

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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:

- The review health assessment:
 Yes No N/A due to capacity (age, LD)
- 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)
- 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 <input type="checkbox"/> / No <input type="checkbox"/>
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 Date.....Time.....

Role Signature