



Serendipity Devon Ltd
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Family Health Information

To be completed by the social worker prior to placement

Notes on Filling Out This Form

If you have Adobe Acrobat on your computer, you will normally be presented with a 'Submit Form' button which will automatically attach the completed form to an email message and send it directly to us. In all other cases, simply save the completed form on your computer and attach it to an email message addressed to enquiries@serendipitydevon.com

General Information

Family GP Name (*Prior to placement*)

Family GP Phone Number

Family GP Address

Health Visitor / Midwife Name

Health Visitor / Midwife Phone Number

Family Dentist Name & Address

Whilst at Serendipity parents administer their own medication. Are there any exceptions to this and if so why:

Adult 1 Health Profile

Full Name

Does the individual have any disabilities?

Details of any disability, medical condition, specific needs or requirements

Details of current medical or dental treatment including outstanding appointments

GP name, address and phone number if different from the family GP

Dentist name and address if different from the family dentist

Optician name and address and details of any outstanding appointments

Details of any other relevant medical information

Please give names, roles, addresses and telephone numbers of any other health professionals linked to or providing a service to this individual

Adult 2 Health Profile

Full Name

Does the individual have any disabilities?

Details of any disability, medical condition, specific needs or requirements

Details of current medical or dental treatment including outstanding appointments

GP name, address and phone number if different from the family GP

Dentist name and address if different from the family dentist

Optician name and address and details of any outstanding appointments

Details of any other relevant medical information

Please give names, roles, addresses and telephone numbers of any other health professionals linked to or providing a service to this individual

Child 1 Health Profile

Full Name

Is this child on the Local Authority's Register of Children with a Disability?

Details of any disability, medical condition, specific needs or requirements

Details of current medical or dental treatment including outstanding appointments

If the child currently has a different G.P. and/or Health Visitor from the family G.P. please provide the name, address and phone number

Dentist name and address if different from the family dentist

Optician name and address and details of any outstanding appointments

Details of any other relevant medical information

Please give names, roles, addresses and telephone numbers of any other health professionals linked to or providing a service to this child

Child 2 Health Profile

Full Name

Is this child on the Local Authority's Register of Children with a Disability?

Details of any disability, medical condition, specific needs or requirements

Details of current medical or dental treatment including outstanding appointments

If the child currently has a different G.P. and/or Health Visitor from the family G.P. please provide the name, address and phone number

Dentist name and address if different from the family dentist

Optician name and address and details of any outstanding appointments

Details of any other relevant medical information

Please give names, roles, addresses and telephone numbers of any other health professionals linked to or providing a service to this child