



**Leeds**  
CITY COUNCIL

**Children and Young People's Social Care**

**FOSTERING SERVICE**

**Health Record Sheet**

**Children and Young People Looked After**

<b>Name:</b>		<b>Blood Group:</b>	
<b>Name of Family Doctor:</b>		<b>Telephone No:</b>	

<b>Address:</b>	
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<b>NHS No:</b>		<b>Hospital No:</b>	
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Who holds:

<b>Medical Card:</b>		<b>Personal Held Record (red book):</b>	
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**Visits to a Doctor and Record of Illness treated at home:**

<b>Doctor's Name</b>	<b>GP/ Clinic / Hospital</b>	<b>Diagnosis / Condition /Illness</b>	<b>Treatment</b>	<b>Date</b>


**Record of Immunisations:**

Type of Immunisation	Date Given

**Dentist:**

<b>Name of Dentist:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	

**Visits to the dentist (every six months):**

<b>Treatment</b>	<b>Date</b>

**Therapists (eg Speech Therapist / Physiotherapist / Occupational Therapist):**

<b>Name of Therapist:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	

**Visits to therapists:**

<b>Treatment</b>	<b>Date</b>


**Optician:**

<b>Name of Optician:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	

**Visits to optician:**

<b>Treatment</b>	<b>Date</b>