Health Passport Request Form

NB Please note young person must be residing in County Durham or Darlington

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| **Has the young person consented to this Health Passport?**  | Drop down menu (YES/NO) |
| **Date consent acquired** | IF YES – this question should display |

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| **Name of young person** | **Pre-populate** |
| **Young Person’s prefers to be known as (name)** | **FREE TEXT** |
| **NHS Number**  | **Pre-populate** |
| **DOB** | **Pre-populate** |
| **Gender** | **Pre-populate** |
| **Young Person identifies as (Gender)** | **FREE TEXT** |
| **Current Address** | **Pre-populate** |
| **Telephone Number** | **Pre-populate** |
| **Name/s of Carer/s** | **Pre-populate** |
| **Name of GP** | **Pre-populate** |
| **Address of GP** | **Pre-populate** |
| **Name of Dentist** | **Pre-populate** |
| **Name of Optician** | **Pre-populate** |
| **Name of School/College** | **Pre-populate** |

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| **Any Known Family History** | FREE TEXT |
| **Any Known Personal Health History**  | FREE TEXT |

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| **Name of professional requesting Health Passport**  | **Pre-populate** |
| **Date of Request** | **Date Field** |

**Please send completed form to LAC Team (cdda-tr.LACTeam@nhs.net)**