

**Questionnaire: Northumberland Disabled Children's Register (Infolink)**

The information you provide will be saved on Infolink - Disabled Children's Register for use by Children's Services only

Child's Surname

Child's Forename

Date of Birth

Gender

Ethnicity

	<u>Surname</u>	<u>Forename</u>
Parent/Carer 1	<input type="text"/>	<input type="text"/>
Parent/Carer 2	<input type="text"/>	<input type="text"/>
No and Street	<input type="text"/>	
Estate	<input type="text"/>	
Town	<input type="text"/>	
County	<input type="text"/>	
Post Code	<input type="text"/>	
Home Phone No	<input type="text"/>	
Mobile Phone No	<input type="text"/>	
Email Address	<input type="text"/>	

Main Diagnosed Condition

Any Other Condition

In Receipt of DLA

School Name

School Address

School Type

GP's Name

Surgery Name and Address

Name and Occupation of Professionals involved with your child:

Areas of Difficulties

Mobility

Hand Function

Personal Care

Incontinence

Communication

Learning

Hearing

Vision

Behaviour

Consciousness

If your child has an autism spectrum condition and you would like us to pass your details on to the data base of children with Autism Spectrum Disorder living in the North East, Please Tick here

**For Office Use Only.**

Date completed form received at office:

Date entered onto Register: