

Family Information

First Name- Surname (Adult 1) Principle contact e.g mother / father / foster / carer		First Name - Surname (Adult 2) Other adult living in the household contributing towards the family	
Gender M/F Delete		Gender M/F Delete	
Household Address:		Mobile Phone	
		Email	
Postcode:		Relationship to adult 1 & parent status? Tick those that apply	
Landline Phone:		<i>Partner & parent of all children in household</i>	
Mobile Phone:		<i>Partner & parent of some children in household</i>	
Email:		<i>Partner but parent only to children who live elsewhere</i>	
		<i>Partner but not parent to any children anywhere</i>	
Lone parent	Yes/ No	<i>Other/ friend/relative/foster carer</i>	
Date of birth		Date of birth	
If pregnant, due date		If pregnant, due date	
Ethnic origin insert code		Ethnic origin insert code	
First language spoken		First language spoken	
English understood	Yes/No/Some	English understood	Yes/No/Some
In paid employment	Yes/No	In paid employment	Yes/No
Receiving benefits	Yes/No	Receiving benefits	Yes/No
Smoker	Yes/No	Smoker	Yes/No
Special need/disability/ health need	Yes/No	Special need/disability/ health need	Yes/No
GP Name		GP Name	
GP Surgery		GP Surgery	
Health Visitor		Health Visitor	
HV Team		HV team	
HV Telephone		HV Telephone	
Dentist		Dentist	
Household change of address:			
Postcode:			
Telephone:			
Please complete children's details on page 2			

First Name – Surname (Child 1)	First Name – Surname (Child 2)
Gender M/F <small>Delete</small>	Gender M/F <small>Delete</small>
Child of: Adult1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Tick	Child of: Adult1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Tick
Name and address of other parent if not adult 1 or 2	Name and address of other parent if not adult 1 or 2
Date of Birth	Date of Birth
Birth Weight	Birth Weight
Breastfed at Birth Yes / No	Breastfed at Birth Yes / No
Breastfed at 6 weeks Yes / No	Breastfed at 6 weeks Yes / No
Ethnic origin <small>insert code</small>	Ethnic origin <small>insert code</small>
First language spoken	First language spoken
Special need/disability/health need	Special need/disability/health need
Name of School/ Nursery/ Childminder	Name of School/ Nursery/ Childminder
First Name – Surname (Child 3)	First Name – Surname (Child 4)
Gender M/F <small>Delete</small>	Gender M/F <small>Delete</small>
Child of: Adult1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Tick	Child of: Adult1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Tick
Name and address of other parent if not adult 1 or 2	Name and address of other parent if not adult 1 or 2
Date of Birth	Date of Birth
Birth Weight	Birth Weight
Breastfed at Birth Yes / No	Breastfed at Birth Yes / No
Breastfed at 6 weeks Yes / No	Breastfed at 6 weeks Yes / No
Ethnic origin <small>insert code</small>	Ethnic origin <small>insert code</small>
First language spoken	First language spoken
Special need/disability/health need	Special need/disability/health need
Name of School/ Nursery/ Childminder	Name of School/ Nursery/ Childminder
Data Protection. The information I have given above will only be used by Sussex Community NHS Trust, West Sussex County Council Early Childhood Service and the other agencies that form part of the integrated children's workforce operating through your local Children and Family Centre. I have read and understood the leaflet which explains how the data will be used, and I further consent to receiving information about services relevant to my children and family.	
Signature	Staff Signature & Role
Date	Date