

FORM FOR IDENTIFYING CONCERNS
To be filled in by parents

patient number

For research purposes 2017-2018

	Are you concerned about the child's (Please check the most suitable option)	Not at all	Only a little	Quite a lot	A great deal	I don't know
1	growth or some physical symptom (recurrent pain, prolonged complaints, skin symptoms, undescended testes)					
2	school absenteeism					
3	learning					
4	concentration					
5	behavior					
6	emotions					
7	ability to get on with others					
8	eating					
9	sleeping					
10	the well-being of a family member or the whole family					

Do you wish to speak with the school doctor about these concerns or some other concern related to the child's well-being?

Yes	No	I don't know

Please describe your concern in your own words (if you wish, you can continue on the other side of the page)

Child's name and class _____

Parent's name _____

Date _____ Parent's signature _____
