

**Initial Enquiry Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Intake Source | | | | | | | | |
| Self |  | | Professional | | |  | | |
| Parent/Carer Details | | | | | | | | |
| First Name | Surname | | Date of Birth | | | Phone Number | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap to enter a date. | | | Click or tap here to enter text. | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap to enter a date. | | | Click or tap here to enter text. | | |
| Child(ren) Details | | | | | | | | |
| First Name | Surname | | Date of Birth | | | Any ELC/nursery/school placement? | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | | |
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| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| Have you gained consent from the family to share their information with The Family Hub? | | | | | | | | |
| Yes | |  | | No | | |  | |
| If yes, how? | | | | Click or tap here to enter text. | | | | |
| Address | | | | | | | | |
| House Number and Street Name | | | | | Post Code | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | |
| Do you know of any reason why a worker should not be able to carry out a lone visit with this family? | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | |
| Health Visitor Details | | | | | | | | |
| Name | Email | | Phone Number | | | Health Visiting Office | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| Details of person completing initial enquiry | | | | | | | | |
| Name | Email | | Phone Number | | | Organization | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | | |

Please submit this form to [ci.loth.hsedinburgh@nhs.scot](mailto:ci.loth.hsedinburgh@nhs.scot)

Should you wish to discuss the family prior to submitting an enquiry, please email [thefamilyhub@homestartedinburgh.org.uk](mailto:thefamilyhub@homestartedinburgh.org.uk).