1NEW PATIENT QUESTIONNAIRE – CHILDREN

up to 15 years of age

Name: Tel. No:

Date of Birth:

Address:

**MEDICAL HISTORY**

1. Has your child had any major illnesses (e.g. pneumonia) or does he/she suffer from any longer term illness (e.g. asthma, diabetes) ?

2. Has he/she had any operations ?

3. Does he/she take any medications ? Please note name, dosage and when taken:

4. Does he/she have any allergies (e.g. to Penicillin) ?

5. Has he/she had the following immunisations ?

Diptheria/tetanus/polio (3 or more doses) ?

Whooping cough (3 doses) ?

Measles (1 dose) ?

B.C.G (1 dose) ?

M.M.R. (Measles, Mumps, Rubella (1 dose) ?

Rubella (German measles) (1 dose) ?

Hib ?

6. Are there any problems or information not referred to above which you would like your child’s doctor to know ?

7. Children up to the age of 5 years may be due a general check at 6 months old, 8 months old, Pre-school/4 - 5 years old.

Would you like this to be done at this surgery?

Next of kin to be contacted in emergency

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| Name (Block Letters): |  | Home Tel Number: |  |
| Address: |  | Mobile Number: |  |
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