MOUNT ROAD SURGERY CHILDREN'S HEALTH QUESTIONNAIRE FOR NEW PATIENTS (aged 0-16yrs) PLEASE ANSWER ALL QUESTIONS FULLY (2 PAGES)

Name:

DOB:

Previous GP:

Previous Health Visitor:

Family information:

Child lives with parent(s)/legal guardian (please delete then enter parent/guardian name and date of birth below) Name: DOB:

Are all the family registered at the surgery: Yes/No

Child attends which school or nursery (if applicable):

ALL CHILDREN MUST ATTEND REGISTRATION APPOINTMENT. Health History: please list any important diseases/illnesses/accidents/operations (with the year)

Current Health: is there something you need to discuss with the doctor? Please give brief details below.

Family History: is there a history in your close family of:

| DIABETES | YES/NO | relation(s) | |
|--------------|--------|-------------|--|
| HEART DISESE | YES/NO | relation(s) | |
| STROKE | YES/NO | relation(s) | |

Allergies: is the child allergic to anything e.g. medicines or food

Yes No

No what: _____

Medicines: please write below any medicines/creams/inhalers that your child takes or bring a list from your last GP

| Inhalers: | YES/NO |
|----------------------------|---------|
| Medicines from the chemist | YES/NO: |
| No medicines at all: | YES/NO |

Smoking: Does the child smoke? YES/NO if yes how many cigarettes per day _____ Do parents/ carer's smoke? YES/NO

Exercise: Any exercise done for more than 20 minutes at a time counts e.g. walking, dancing, football, swimming, cycling. Please circle the option closest:

The child is very active and participates in regular exercise in and out of school The child only exercises at school during physical education lessons The child is unable to exercise at all, reason:.....

Diet: please circle one option that is closest to your diet:

The child has chips or fried food most days The child has chips or fried food three or four times a week The child has chips or fried food once or twice a week The child does not eat chips or fried food

How many portions of fruit or vegetables do the child usually eat a day _____

Immunisations: please bring your child's red book or immunisation record to the surgery:

| Schedule for UK | Usual age | Tick if given |
|---------------------------------------|----------------|---------------|
| Dip, tet, whopping cough, polio, hib. | 2 months. | |
| Pheumonia. | | |
| Dip,tet, whooping cough,poilio,hib. | 3 months. | |
| Meningitis C | | |
| Dip, tet, whopping cough,polio, hib | 4 months. | |
| Pneumonia. | | |
| Hib and Men C. | 12 months. | |
| Pneumonia and MMR. | 13 months. | |
| Dip, tet, whopping cough, polio. | 3-4 years old. | |
| MMR. | | |
| | | |

Any other immunisations that you/the child has received:

Immigrant: Yes/No

ETHNICITY: (please circle)

| WHITE: | MIXED RACE: | ASIAN OR BLACK BRITISH: | OTHER: |
|----------------|-----------------|-------------------------|----------------|
| White British | White/Caribbean | Pakistani | Chinese |
| White Irish | White/African | Bangladeshi | Japanese |
| White Scottish | White/Asian | Indian | Middle Eastern |
| White Welsh | Other Mixed | African | Other |
| Other White | Indian/British | Caribbean | |
| | | Other Black | |

For Doctor/Nurse:

Hgt _____ Wgt _____ bp _____ Urine: protein _____ glucose _____