

# HEATH LANE SURGERY

## INFANT & TEENAGER (AGED 0 – 15 YEARS) HEALTH QUESTIONNAIRE

This form must be completed by the parent/guardian

We would like to take this opportunity to welcome you to the practice.

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Your previous GP's name and address: \_\_\_\_\_

\_\_\_\_\_

Do you have any communication needs due to disability impairment or sensory loss to help us to make sure that you receive communication in a format that you can understand?

Yes  No  If Yes, please provide further details \_\_\_\_\_

\_\_\_\_\_

- |    |  |          |
|----|--|----------|
| 1. | Had 3 diphtheria/tetanus/polio jabs by 18 months old       | YES / NO |
| 2. | Had 3 whooping cough jabs by 18 months old                 | YES / NO |
| 3. | Had measles/mumps/rubella jab                              | YES / NO |
| 4. | Had pre-school booster jab (at 4 years)                    | YES / NO |
| 5. | Had BCG jab at age 11 years (against TB)                   | YES / NO |
| 6. | Had diphtheria/tetanus/polio booster between 15 – 19 years | YES / NO |

### PAST MEDICAL HISTORY

Diabetes	YES / NO	Asthma	YES / NO	Epilepsy	YES / NO
Eczema	YES / NO	Hayfever	YES / NO	Acne	YES / NO

Please list any others: \_\_\_\_\_

\_\_\_\_\_

**Heath Lane Surgery**

**MEDICATION**

Please tell the nurse about any medications you are taking regularly and if you have any allergies:

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**Family History**

Is there a family history in parents/brothers/sisters of heart disease or strokes:

In men under the age of 55 years \_\_\_\_\_

In women under the age of 65 years \_\_\_\_\_

**About you**

Ethnicity (please circle)

- |   |                                 |   |                            |
|---|---------------------------------|---|----------------------------|
| A | White British                   | K | Bangladeshi                |
| B | White Irish                     | L | Any other Asian background |
| C | Any other white background      | M | Black Caribbean            |
| D | Mixed white and black Caribbean | N | Black African              |
| E | Mixed white and black African   | O | Any other black background |
| F | Mixed white and Asian           | R | Chinese                    |
| G | Any other Mixed background      | S | Any other ethnic group     |
| H | Indian                          | Z | Not stated                 |
| J | Pakistani                       |   |                            |

Main spoken Language \_\_\_\_\_

Do you require an interpreter? Yes  No

**Lifestyle**

Do you eat a healthy diet? (E.g. plenty of fibre and low in animal fat)

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Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Next of kin:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Next of kin address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email address: \_\_\_\_\_

**Heath Lane Surgery**

Mothers Name if Different: \_\_\_\_\_

Please list other residents of your home who are registered with is:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the child: Fostered  Adopted  Cared for

Carers Name: \_\_\_\_\_

Relationship (if any) to the child: \_\_\_\_\_

Let us know if a: family member  friend  neighbour  looks after the child

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship (if any) to the child: \_\_\_\_\_

How would you like us to contact you about the child:

Letter  Email  SMS (text)  Phone

If there is any other relevant information you wish to inform us of, please state below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date questionnaire completed: \_\_\_\_\_