

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: _____

Mother's Name if Different: _____

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

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

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 |

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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: _____

MEDICATION

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

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)

Height: _____ Weight: _____

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Next of kin:

Name: _____ Relationship: _____

Next of kin address: _____

Home phone number: _____ Mobile No. _____

Email address: _____

Is the child: Fostered Adopted Cared for

Carers Name: _____

Relationship (if any) to the child: _____

If you are applying on behalf of a child who is in foster care/residential care/Kinship care/ or who is not your child:

| |
|---|
| Who has the legal responsibility for the child? You as the legal parent or guardian <input type="checkbox"/> Other (please specify) _____ |
|---|

| |
|--|
| Who can consent for the medical treatment for the child? You as the legal parent or guardian <input type="checkbox"/> Other (please specify) _____ |
|--|

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: _____