Temple Cowley Health Centre

CONFIDENTIAL NEW PATIENT QUESTIONNAIRE FOR CHILDREN UNDER 5 YEARS

PLEASE COMPLETE AS MANY QUESTIONS AS YOU CAN ABOUT YOUR CHILD IN BLOCK CAPITALS

NPHC:

PERSONAL INFORMATION

Title:	Forenames:	Surname:
DOB: / /	Place of Birth:	Sex: M / F

Address:

Postcode:

PREVIOUS ADDRESS:

Postcode:

Name of Previous Doctor:

Address of Previous Doctor:

Parents' Surname:

Family Contact Telephone No:

If you are happy to be contacted for routine matters via e-mail then please write your e-mail address here:

Have you previously been registered or received treatment at our surgery before? YES / NO

MEDICAL HISTORY

Please list any allergies, serious illnesses, accidents or operations including when and where your child has received treatment:

If your child currently receiving treatment please give details:

Does your child have a disability? If so, please give details:

Please tick if your child is suffering from or has suffered from any of the following:

Hayfever	Asthma	Eczema	*Epilepsy/fits*
Measles	Mumps	Rubella	*Chicken pox*
Whooping cough			

MEDICATION

Is your child allergic to any medication? If so, please specify:

Is your child taking any drugs or medicines prescribed by their doctor? If so, list below:

Is your child taking any drugs or medicines not prescribed by their doctor? If so, list below:

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IMMUNISATIONS		
Please tick if your child has been immunised against the following and give date if known:		
Immunisation	**Given?**	**Date Given**
BCG if relevant		
FIRST: Diphtheria / Pertussis / Tetanus / Polio / HIB		
FIRST: Pneumococcal (PCV)		
FIRST: Meningitis C		
SECOND: Diphtheria / Pertussis / Tetanus / Polio / HIB		
SECOND: Pneumococcal (PCV)		
SECOND: Meningitis C		
THIRD: Diphtheria / Pertussis / Tetanus / Polio / HIB		
BOOSTER: HIB ***and*** Meningitis C		
FIRST: Measles / Mumps / Rubella		
PRE-SCHOOL BOOSTER: Diphtheria / Pertussis / Tetanus / Polio / HIB		
SECOND: Measles / Mumps / Rubella		

Please bring your Red Book for all consultations

ETHNICITY AND LANGUAGE

Please tell us which is your child's ethnic group , please *tick one box only*:

ETHNICITY			
British or mixed British		Pakistani or British Pakistani	
Irish		Bangladeshi or British Bangladeshi	
Other white background		Other Asian background	
White & Black Caribbean		Caribbean	
White & Black African		African	
White & Asian		Other Black background	
Other mixed background		Chinese	
Indian or British Indian		Other	

LANGUAGE
Please tell us which is your child's first language