

PENISTONE GROUP PRACTICE - CHILDREN'S QUESTIONNAIRE

WE WOULD BE GRATEFUL IF YOU WOULD COMPLETE THIS FORM AS IT MAY TAKE SEVERAL WEEKS BEFORE WE RECEIVE YOUR CHILD'S RECORDS

CHILD'S FULL NAME DATE OF BIRTH

ADDRESS

POSTCODE TELEPHONE NO

PLEASE GIVE FOLLOWING DETAILS:-

ANY CURRENT ILLNESSES

ANY REGULAR TREATMENT/MEDICINES

ANY PAST ILLNESSES INCLUDING DIFFICULTIES AT DELIVERY

PREVIOUS OPERATIONS/HOSPITAL ADMISSIONS

ANY ALLERGIES

ANY ILLNESSES WHICH RUN IN THE FAMILY

IMMUNISATION STATUS (Please indicate when they were administered)

Dip/tet/pert/polio/Hib (DTaP/IPV/Hib) – usually at 2, 3, 4 months & 3-4 yrs old	1 st	2 nd	3 rd	4 th
Pneumococcal (PCV) – usually at 2, 4 & 12 months old	1 st	2 nd	3 rd	
Men C – usually at 3 & 4 months old	1 st	2 nd		
MMR - usually at 12 months then 3-4 yrs old	1 st	2 nd		
Hib/Men C – usually at 12 months old			
Dip/tet/pertussis/polio – usually at 3-4 years old			
HPV – usually at 12-13 years old	1 st	2 nd	3 rd	
Dip/tet/polio – usually at 13-18 years old			

ETHNIC STATUS - Please tick relevant box:-

(Central Government has requested that we collect this information as some diseases are more common in certain ethnic groups. This will help the doctor evaluate any risks).

WHITE	MIXED	ASIAN/ASIAN BRITISH	BLACK/BLACK BRITISH	CHINESE	OTHER/NOT STATED
British	White & Black Carribean	Indian	Carribean	Chinese	
Irish	White & Black African	Pakistani	African	Any other	
Any other	White & Black Asian	Bangladeshi	Any Other Background		
	Other Mixed	Any other Asian Background			