

CHILD HEALTH QUESTIONNAIRE

For Children **Under 16 Years** of Age Only

Thank you for choosing to register with the Grove Medical Group.

We will request your child's medical records from your previous GP as soon as you have completed the "Family Doctor Registration Form" and returned it to our reception staff.

You may need to use our services before we have received your child's medical records from your previous GP. We want to offer the best possible health care to your child and in order to do this it would be helpful if you could provide the following information.

This information is confidential and will only be used by the Doctor or Nurse.

PERSONAL INFORMATION

PERSONAL DETAILS

First Name(s)

Surname

DOB

Address

Post Code

CONTACT INFORMATION



Home



Parent Work 1



Parent Work 2



Parent Mobile 1



Parent Mobile 2

 Email 1

 Email 2



IMMUNISATION HISTORY

Please provide all dates where possible. However, if you are sure your child has been immunised but do not have the dates please give approximate dates.

VACCINATIONS AT 3-12 MONTHS

Most children receive three shots of vaccines for:

- ▲ Diphtheria
- ▲ Tetanus
- ▲ Pertussis (Whooping Cough)
- ▲ Hib (Hib - Haemophilus influenzae type b)
- ▲ Polio
- ▲ Meningitis C

From **September 2006** this would also have included **Pneumococcal Conjugate** immunisations.

Vaccine	1 st Stage	2 nd Stage	3 rd Stage
Diphtheria			
Tetanus			
Polio			
Pertussis (Whooping Cough)			
Hib			
Meningitis C			
Pneumococcal Conjugate			

ALTERNATIVELY YOUR CHILD MAY HAVE BEEN GIVEN A SINGLE DOSE OF:

- ▲ Hib
- ▲ Meningitis C
- ▲ Pneumococcal

Vaccination	Date
Hib Meningitis C Pneumococcal	

VACCINATIONS BETWEEN 13 AND 18 MONTHS

MMR is usually given between 13 and 18 months (MMR – Measles, Mumps and Rubella)

Vaccination	Date
MMR	



VACCINATIONS BETWEEN 3 ½ AND 5 YEARS

A pre-school booster and MMR booster is given between the age of 3 ½ and 5 years and includes:

- ▲ Diphtheria
- ▲ Tetanus
- ▲ Pertussis
- ▲ Polio
- ▲ MMR booster

If your child had pre-school immunisations from **July 2007** onwards it may also include a **Hib booster**.

Vaccine	Pre School Booster
Diphtheria	
Tetanus	
Pertussis	
Polio	
Hib	
MMR	

OTHER VACCINATIONS

Immunisations given abroad may differ from the above, please indicate any other vaccinations that your child has had:

Vaccine	Date



MEDICAL HISTORY

Does your child have any medical conditions or past illnesses that you think are important for us to know about? If yes, please give details below:

Condition or Illness	Details

MEDICATION HISTORY

Is your child taking any regular medication at the moment or using topical ointments that you think we should know about? Yes No

If yes please give details below:

Name of Drug or Ointment	Dose or Strength	How many times per day?



Does your child have any drug allergies? Yes No

If yes, please give details below:

Name of Drug 1 _____

Name of Drug 2 _____

Name of Drug 3 _____

In addition, we offer a full Child Development and Health Promotion Service. For information about this service please contact our Health Visitors on
 0191 219 6946



EQUALITY AND DIVERSITY MONITORING

ETHNIC BACKGROUND

Nationality		Please ✓ Appropriately
White	British	
	Irish	
	Any other white background	
Mixed	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any other mixed background	
Asian or Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Any other Asian Background	
Black or Black British	Caribbean	
	African	
	Any other Black background	
Other Ethnic Groups	Chinese	
	Any other ethnic group	
Would prefer not to state		



LANGUAGE

Please tick your first language:

Language	Please ✓
English	

No.	Language	Please ✓	No.	Language	Please ✓	No.	Language	Please ✓
1	Akan		22	Hakka		43	Serbian/Croatian	
2	Albanian		23	Hausa		44	Sinhala	
3	Amharic		24	Hebrew		45	Somali	
4	Arabic		25	Hindi		46	Spanish	
5	Bengali & Sylheti		26	Igbo (Ibo)		47	Swahili	
6	Brawa & Somali		27	Italian		48	Swedish	
7	British Signing Language		28	Japanese		49	Sylheti	
8	Cantonese		29	Korean		50	Tagalog (Filipino)	
9	Cantonese & Vietnamese		30	Kurdish		51	Tamil	
10	Creole		31	Lingala		52	Thai	
11	Dutch		32	Luganda		53	Tigrinya	
12	Ethiopian		33	Makaton (sign language)		54	Turkish	
13	Farsi (Persian)		34	Malayalam		55	Urdu	
14	Finnish		35	Mandarin		56	Vietnamese	
15	Flemish		36	Norwegian		57	Welsh	
16	French		37	Pashto (Pushtoo)		58	Yoruba	
17	French Creole		38	Patois		59		
18	Gaelic		39	Polish		60		
19	German		40	Portuguese		61		
20	Greek		41	Punjabi				
21	Gujarati		42	Russian				

Language	Please ✓
Other	

If other, please state:

PLEASE NOTE THIS IS THE END OF THE CHILD HEALTH QUESTIONNAIRE