

Children's Health Form

>5 YRS CHILD NPC BOOKED

Today's Date: _____

Name: _____

Date of Birth: _____

Male/Female: _____

Address: _____

Town and Country of Birth: _____

School attended: _____

Is this a special needs school? YES/NO

Family History

Please provide us with information on the health of your family?

Parents:

	Age	State of Health
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Mother _____

Father _____

Brothers or Sisters:

Boy/Girl

Age	State of Health
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Are there any family illnesses?
(e.g. heart problems, diabetes)

Medication

Does your child take any routine medication?
(e.g. Inhalers)

Please enclose last prescription re-order form

If yes, please give us details as follows:

Drug Name	Dose	How Many Times a Day
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Is your child allergic to any medication that you know of?
(e.g. penicillin)

If yes, what?

Carer

Are you a young carer? If YES who do you care for?

THIS INFORMATION IS ESSENTIAL FOR REGISTRATION

Immunisations Given and Date

DTaP/IPV/Hib (1) _____

DTaP/IPV/Hib (2) _____

DTaP/IPV/Hib (3) _____

Pneumococcal (1) _____

Pneumococcal (2) _____

Pneumococcal (3) _____

MMR 1st _____

MMR Booster _____

Hib/MenC _____

Men C (1) _____

Men C (2) _____

DT Booster _____

Polio Booster _____

FOR FEMALES UNDER 18 YEARS OLD PLEASE GIVE DATE GIVEN FOR:

Human Pappillomavirus (HPV) _____

Medical History

Has your child ever suffered from the following?

If YES. Please tick appropriate item and add the year alongside the condition.

	<u>Year</u>
--	-------------

* Epilepsy _____

* Diabetes _____

* Cancer _____

* Asthma _____

* Hayfever _____

* Jaundice _____

* Skin Disease _____

Operations:

(Specify and give approx. year e.g.)

Has your child attended A&E if YES state:
When?

Why?

Has your child had any other significant illnesses?

Disabilities

Please indicate if your child has any of the following conditions.

If YES. Please tick appropriate item.

Impaired Hearing/Deaf _____

Speech Impaired _____

Partially Sighted/Blind _____

Mobility Impaired _____

Learning Disabilities _____

Do you require any specific support? YES/NO

If yes please state

Please bring the completed form with you when you register at this practice.