**CHILD**

**Ironbridge Medical Practice**

**Welcome to Ironbridge Medical Practice. As it often takes a few months for a paper copy of your Medical Records to arrive it would be helpful if you could complete this questionnaire.**

**All information provided is confidential.**

**Please answer all the questions on the questionnaire.**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Next of Kin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Forenames** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Main Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have a carer for medical reasons? Yes No**

**Are you a carer for someone? Yes No**

**If yes, who do you care for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you would like any support, please speak to our Carers’ Champion who will be able to advise you.**

**Medical History**

**Please list any major illnesses, accidents or operations with approximate dates:**

**Do you consider you have a disability? Yes No**

**If so, please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medication**

**Are you taking any regular Medication? If yes, please provide details, name of medication, Dosage.**

**Allergies**

**Are you allergic to any drugs, food, etc? If so, please provide details.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family History**

**Have any of your close family suffered from Heart Disease, Stroke, Diabetes, High Blood Pressure, Asthma or other serious illness?**

**If Deceased**

**Age at Death Cause of Death**

**Father: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brothers: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sisters: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Immunisations**

**Has your child been immunised against the following?**

**Diphtheria, Tetanus, Whooping Cough, Polio, Hib, Meningitis C and Pneumococcal.**

**These are usually given in the first year of life. Older children may not have had all of these.**

**Dates**

**First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Second \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Third \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HIB/Meningitis C Booster (usually given at about 12 months of age) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mumps/Measles/Rubella (usually given between 1st and 2nd birthdays) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pneumococcal (usually given between 1st and 2nd birthdays) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Meningitis C**

**(introduced in December 1999; dates and number of doses may vary) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pre-School Booster**

**(Diphtheria, Tetanus, Polio/Pertusis/HIB, Measles, Mumps and Rubella) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tetanus, Diphtheria and Polio Booster (given between 15-19 years old) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Female Patients Only**

**Are you taking an oral contraceptive? Yes No**

**If yes, which one and for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**