

# CHILDREN'S MEDICAL HISTORY QUESTIONNAIRE (0 to 5yrs)

Date  /  /

Please complete this form as FULLY AS POSSIBLE to provide the Doctors with information about your child, whilst we await your child's records from your previous Doctor.  
If non applicable please mark as "NONE" in appropriate box.

## About your child

Surname:  Male/Female:   
Forename:  Date of Birth:  /  /

Does your child attend school? No  Yes

If yes please name school

## Past Medical History

please list any serious medical illness, hospital treatment or operation your child has ever had, including the year that the illness happened.

Year	Illness

Please list any TABLETS, DRUGS or INHALERS that your child is using:

## Allergies

Please list any allergies your child may have:

Who is the child's Main carer? e.g. Parent, Guardian, Foster Parent etc.

Surname:

Forename:

Telephone Numbers:

Are you an Asylum Seeker? No  Yes

Are you a Refugee? No  Yes



**CHILDHOOD VACCINATIONS**

IT IS VERY IMPORTANT THAT YOU COMPLETE AS MUCH OF THIS FORM AS POSSIBLE  
YOUR CHILD'S RED BOOK SHOULD HAVE ALL THE INFORMATION

First Primary Vaccination (usually given at 2 months)	/ /	One injection against Diphtheria, Tetanus, Pertussis, Polio and HIB plus Prevenar
Second Primary Vaccination (usually given at 3 months)	/ /	Diphtheria, Tetanus, Pertussis, Polio, HIB and Meningitis C
Third Primary Vaccination (usually given at 4 months)	/ /	Diphtheria, Tetanus, Pertussis, Polio, HIB Prevenar plus Meningitis C
Given at 12 Months	/ /	HIB and Meningitis C
First MMR (usually given at 12-18 months)	/ /	One injection of projection against Measles, Mumps and Rubella plus Prevenar
Second MMR (usually given with Pre-School Booster)	/ /	Measles, Mumps and Rubella
Pre-School Booster (usually given at 3-4 years)	/ /	One injection against Diphtheria, Tetanus, Pertussis, Polio plus Prevenar (A second dose of MMR if needed) (A dose of Meningitis C if needed)

**Which is your child's Ethnic Group**

Please choose ONE section from A to E, then tick the appropriate box to indicate your cultural background

<b>A. WHITE</b>	(9i0)	British	
	(9i1)	Irish	
	(9i2)	Any other white background	
<b>B. MIXED</b>	(9i3)	White and Black Caribbean	
	(9i4)	White and Black African	
	(9i5)	White and Asian	
	(9i6)	Any other mixed background	
<b>C. ASIAN OR ASIAN BRITISH</b>	(9i7)	Indian	
	(9i8)	Pakistani	
	(9i9)	Bangladeshi	
	(9iA)	Any other Asian background	
<b>D. BLACK OR BLACK BRITISH</b>	(9iB)	Caribbean	
	(9iC)	African	
	(9iD)	Any other Black background	
<b>E. OTHER ETHNIC GROUPS</b>	(9iE)	Chinese	
	(9iF)	Other Ethnic category	
	(9iG)	Not stated	

THANK YOU FOR YOUR ASSISTANCE

**For Surgery use only:**

From accepted by.....

Date / / Initials

The Rowans Surgery, 1 Windermere Road, Streatham Vale, London, SW16 5HF