

Health Questionnaire for Children under 14 years

Name: _____ Date of Birth _____
Address: _____

Post Code: _____

Name of Parent/Guardian: _____ Tel: _____
Mobile: _____

Ethnicity *(Please circle most appropriate; add additional comments if required)*

White:	British	Irish	Other White
Mixed:	White/Black Caribbean White/Asian		White/Black African Other mixed background
Black or Black British:	Caribbean	African	Other black background
Asian or Asian British:	Indian Bangladeshi		Pakistani Other Asian
Chinese or other:	Chinese	Japanese	Other
Not stated			
Language spoken			

Medical History

Please list any serious or chronic illnesses, operations or disabilities:

Place of birth *(if under 5 years)*:

Any repeat medication *(please list or attach repeat prescription slip)*

Any Allergies?

Immunisation Record

Please bring in Red Book for children under 6 years

1 st DtaP/HiB/Polio	Place Given
2 nd DtaP/hiB/Polio	Place Given
3 rd DtaP/HiB/Polio	Place Given
1 st Pentavalent	Place Given
2 nd Pentavalent	Place Given
3 rd Pentavalent	Place Given
1 st MenC	Place Given
2 nd MenC	Place Given
3 rd MenC	Place Given
1 st Pneumococcal	Place Given
2 nd Pneumococcal	Place Given
3 rd Pneumococcal	Place Given
1 st MMR	Place Given
2 nd MMR	Place Given
HiB/MenC Booster	Place Given
Pre School Booster	Place Given
BCG	Place Given
Other Immunisations

NB DtaP = Diphtheria, Tetanus, Pertussis

Pentavalent = Diphtheria, Tetanus, Pertussis, HiB, Polio

HiB = Haemophilus Influenza Type B