

Patient Questionnaire

Child's Invitation for Health Check For those aged under 15 years Drs King, Oelmann and Hughes, Clark Avenue Surgery, Cwmbran

Parent - please complete as fully as possible on behalf of your child

Date of invitation _____

Surname _____ Date of birth _____

Forename(s) _____

Address: _____ Telephone No. _____

Post code: _____

Has your child suffered in the past or suffers at present from any of the following illnesses?

Please tick

TB Asthma

Diabetes Cystic fibrosis

Jaundice Cancer

Heart defects Any other illness?

If yes please state which

Please list any operation(s) your child has had

Operation	Year of operation
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_____	_____
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_____	_____
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_____	_____
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Does your child have any	Yes	No
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Serious disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes please state

Does your child suffer from any allergies? eg Hayfever, animals etc.	<input type="checkbox"/>	<input type="checkbox"/>
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If yes please state

Does your child take regular exercise?	<input type="checkbox"/>	<input type="checkbox"/>
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Is there any recurrent illness (hereditary illness) in your family?
 If yes please state

Yes No

Would you please indicate as fully as possible immunisations your child has received

<u>In first year of life</u>	Yes	No	Date (if possible)
1 st injection	<input type="checkbox"/>	<input type="checkbox"/>	-----
2 nd injection	<input type="checkbox"/>	<input type="checkbox"/>	-----
3 rd injection	<input type="checkbox"/>	<input type="checkbox"/>	-----

Did your child receive the WHOOPING COUGH component with those injections?

Yes No

12-15 months of age

measles mumps rubella (MMR)	<input type="checkbox"/>	<input type="checkbox"/>	-----
measles only	<input type="checkbox"/>	<input type="checkbox"/>	-----

4-5 years of age

Pre-school booster	<input type="checkbox"/>	<input type="checkbox"/>	-----
2 nd measles mumps rubella (MMR)	<input type="checkbox"/>	<input type="checkbox"/>	-----
Has your child ever had a school medical?	<input type="checkbox"/>	<input type="checkbox"/>	-----

Any other vaccines please list and date.

<u>Vaccine</u>	<u>Date</u>
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Please list any regular medicines that your child is taking

<u>Medication</u>	<u>How many times a day?</u>
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Please bring the following with your child

- **A specimen of urine in a clean container**
- **Any medication your child is taking**

Thank you for completing this form

To be completed by the Nurse or Doctor

Urinalysis glucose _____ protein _____

Height _____m

Weight _____kg

Immunisations/vaccinations

Tetanus

Polio

Other

Clinic

Asthma

Diet Advice

Comments

We are collecting data on behalf of the Welsh Assembly Government (and the Department of Health) on the ethnicity of patients registering with the NHS.

The experience of the UK census means that there are nationally used ethnic categories that have been thoroughly tested and that are known to be acceptable to the majority of the population.

If you do not wish to provide this information, please tick the box “Information refused”.

Please tick one

- | | |
|---|--------------------------|
| Bangladeshi/ Bangladeshi or British Bangladeshi | <input type="checkbox"/> |
| Black African & White/ White & Black African | <input type="checkbox"/> |
| Black African/ African | <input type="checkbox"/> |
| Black Caribbean & White/ White & Black Caribbean | <input type="checkbox"/> |
| Black Caribbean/ Caribbean | <input type="checkbox"/> |
| Black other non-mixed/ Other Black background | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> |
| Indian/ Indian or British Indian | <input type="checkbox"/> |
| Information refused – ethnic group not given | <input type="checkbox"/> |
| Other Asian ethnic group/ Other Asian background | <input type="checkbox"/> |
| Other ethnic Asian & White/ White Asian | <input type="checkbox"/> |
| Other ethnic group/ Other | <input type="checkbox"/> |
| Other ethnic other mixed origin/ Other mixed background | <input type="checkbox"/> |
| Other White/ Other White background | <input type="checkbox"/> |
| Pakistani/ Pakistani or British Pakistani | <input type="checkbox"/> |
| White British/ British or mixed British | <input type="checkbox"/> |
| White Irish/ Irish | <input type="checkbox"/> |