**CHILD HEALTH QUESTIONNAIRE**

Today’s date: ………………………….

Please complete as many questions as you can about your child. The information will help the practice to provide better medical care for your family. You will need to bring the following when registering:

**Identification (passport, birth certificate)**

**Completed Registration Form**

**Child’s Red Book**

|  |  |
| --- | --- |
| First Name |  |
| Surname |  |
| Date of Birth |  |
| Place of Birth |  |
| Home address |  |
| Mother’s Surname (if different to child) |  |
| Next of Kin (&relationship to child) |  |
| Contact number for Next of Kin(NOTE: you will NOT receive text reminders for appointments for your child) |  |

Name and Address of Previous Doctor …………………………………………………………….....

…………………………………………………………………………………………………………………………

**ETHNIC ORIGIN**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| White British |  | White Irish |  | Chinese |  | White Other |  |
| Black African |  | Black Caribbean |  | Indian |  | Other Ethnic Group |  |
| Bangladeshi |  | Pakistani |  | Mixed Race |  |  |  |

**Is English your child’s first language? If not, please specify which language is/ or will be their primary spoken language…………………………**

**MEDICAL HISTORY**

Please list any serious illnesses, accidents or operations (continue overleaf if necessary):

|  |  |
| --- | --- |
| Date  | Details |
|  |  |
|  |  |

Is your child allergic to anything? YES / NO

If yes, please specify………………………………………………………………………………………….

Is your child taking any drugs or medicines? YES / NO

If yes, please specify below

|  |  |  |
| --- | --- | --- |
| Medicine/Tablets | Dose or strength  | How many times a day |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Has your child had a hearing test? YES / NO

Your child’s current

Weight………………………………………………………………

Height……………………………………………………………….

Are there any aspects of your child’s health you are concerned about?

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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