

# HEALTH QUESTIONNAIRE (Children under the age of 16)

Please bring your immunisation book with you.

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Tel No:** \_\_\_\_\_  
**Approx. Height:** \_\_\_\_\_ **Approx. Weight:** \_\_\_\_\_  
 \_\_\_\_\_  
**Today's Date** \_\_\_\_\_

**Current Medication (Please take any medication with you):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<sup>1</sup>**Allergic reaction to medication / previous vaccine**

**(Please give details ie Type of Reaction):** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Previous Medical History:**

<p><sup>a</sup><b>Serious Illnesses:</b></p> <p>_____</p> <p>_____</p>
<p><sup>b</sup><b>Operations :</b></p> <p>_____</p>

<p><sup>c</sup><b>Currently attending Out Patient Department:</b>  <b>(Please give details)</b> _____</p> <p>_____</p>
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**ACTION**  
 (Surgery use only)

On Computer

Sticker <sup>1</sup>

On Computer

Refer to Asthma <sup>2a</sup>

Clinic

Refer to Dr <sup>2a</sup>

Refer to Dr <sup>2b</sup>

Advise to inform  
 OPD of change <sup>2c</sup>   
 of address & Dr

GPC over 5 years

**TO BE COMPLETED FOR ALL CHILDREN AGED 7 YEARS OR YOUNGER**

To generate the follow up of immunisations, we require details of immunisations already carried out only

Immunisation	Date	GP	Clinic / Other – Name & Address
<b>1<sup>st</sup></b> Diphtheria, Tetanus, Pertussis (Whooping cough) Polio+HIB +MenC			
<b>2<sup>nd</sup></b> Diphtheria, Tetanus, Pertussis and Polio + HIB + Men C			
<b>3<sup>rd</sup></b> Diphtheria, Tetanus, Pertussis and Polio + HIB + Men C			
<b>MMR</b> (Measles, Mumps & Rubella)			
<b>4 Year Booster</b> (Diphtheria, Tetanus Pertussis and Polio)			
<b>MMR Booster</b> (Measles, Mumps & Rubella)			

If **NOT** had Pertussis immunisation please tick box

Immunisations added  
 to computer