

## NEW PATIENT QUESTIONNAIRE (Child)

Please print out and bring this to the initial consultation.

Please complete as many questions as you can. This information is strictly confidential.

### **General information:**

Name ..... Date of Birth .....

Parents' name .....

Address .....

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..... Post Code .....

Phone numbers: Home ..... Work.....

Mobile .....

GP's name ..... Surgery.....

Post Code ..... Phone number .....

Do you have healthcare insurance? Yes / No

If so which company?.....

### **Child's birth**

Please give details of their birth (premature, normal, forceps, difficult, breech, caesarian)

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Was the child breast-fed? Yes/No

Were they a contented baby? Yes/No

At what age did they teeth? .....mths

When did they first walk? .....mths

### **Childhood illnesses.**

Please state roughly when they had these and if they were severe.

Chicken pox Yes/No

German measles Yes/No

Mumps Yes/No

Scarlet Fever Yes/No

Whooping Cough Yes/No

### **Personal Medical History**

Please list any serious or chronic illness, operations, accidents or injuries or disabilities. Please give approximate dates where possible.

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Are they at present under the care of your GP or a consultant? .....

### **Drugs and Medicines**

Please list any drugs, medicines, tablets or contraceptive pills that they may be taking.

Name of Medicine Dosage if Known

1. ....

2. ....

3. ....

4. ....

5. ....

**Accidents**

Have they had any accidents, falls or injuries?

Date

- 1. ....
- 2. ....
- 3. ....

**Operations**

Give brief details of any operations.

Date

- 1. ....
- 2. ....

**Family History**

**Mother:** Date of Birth. ....

Overall Health .....

Any specific health problems.....

**Father:** Date of Birth.....

Overall Health.....

Any specific health problems.....

**Grandparents, siblings, aunts and uncles**

Please give as much information as possible regarding the overall health, including major illnesses and cause of death of these relatives. (Use the reverse for additional info).

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**Vaccinations/Inoculations**

Please state which ones they have had with dates. Did they have bad reactions to any of them?

Date

- 1. ....
- 2. ....
- 3. ....
- 4. ....
- 5. ....
- 6. ....
- 7. ....