

# CHILD QUESTIONNAIRE

Name of patient .....

Known as .....

Address .....

Tel No..... Date of Birth ..... Place of birth .....

Parents/Guardian details.....  
(name, address and Tel No)

.....

.....

Do you have any continuing conditions, eg diabetes, high blood pressure, asthma, etc?  
(If so please make a GP appointment)

.....

Prescribed medication  
Please bring in re-order form from previous practice

Please supply details of:

Any serious illness .....

Operations/Accidents.....

Allergies, eg drugs, pollens, etc.....

Have you been immunised against

Diphtheria, Tetanus and Polio Date course completed .....

Date of booster .....

Pertussis (Whooping Cough) Date course completed .....

Measles and/or MMR Date .....

Please let us see any immunisation records you hold

Smoking Status (14 years old and over)

Please tick

Current Smoker If so how many per day Never smoked

(If you are currently a smoker would you be interested in receiving advice and/or treatment to help you stop smoking?) YES/NO

Now please turn over

**If you have just entered the UK, please give date of entry: .....**

**Does or has any member of your family suffered from any of the following, please give relationship**

- Cancer
- Diabetes
- Asthma
- Bronchitis/Emphysema/COPD
- Angina
- Heart Attack
- Stroke/TIA
- High Blood Pressure
- Epilepsy
- Long term mental health problems
- Any other long term illnesses or conditions

**The Scottish Executive would like to collate the following ethnic status information to allow services to be improved. Please circle the appropriate description. If you prefer not to give this information please circle the last option. Thank you.**

<b>White Scottish</b>	<b>Other ethnic, mixed origin</b>	<b>Chinese</b>	<b>Other black ethnic group</b>
<b>Other white British ethnic group</b>	<b>Indian</b>	<b>Other Asian ethnic group</b>	<b>Other ethnic group</b>
<b>White Irish</b>	<b>Pakistani</b>	<b>Black Caribbean</b>	<b>Ethnic group not recorded</b>
<b>Other white ethnic group</b>	<b>Bangladeshi</b>	<b>Black African</b>	<b>Ethnic group - patient refused</b>

**Do you need an interpreter or sign language support?**

If you do need an interpreter, what language do you speak? Please state .....

**REMEMBER TO COLLECT A PRACTICE LEAFLET**