

LANTERN SURGERY CHILDRENS HEALTH QUESTIONNAIRE

This information is needed by the Surgery in order to plan your child's health needs, and is entirely CONFIDENTIAL.

DATE: ETHNICITY

DATE OF BIRTH : SEX

SURNAME : FIRST NAME :

ADDRESS :
..... POSTCODE :

TELEPHONE : (Home) (Mobile)

Name & address of School.....
..... Postcode

Does your child have any ongoing or recurring Health Problems?
(eg Asthma, eczema, heart problems, bladder disorder, development delay, psychological problems)

Does your child use any Medicines or Inhalers regularly? (If you have an old Repeat prescription form please attach)

ANYTHING ELSE? Is there anything else you would like your new doctors to know?

SEE NEXT PAGE

Childhood Vaccinations**Please state YES / NO for vaccinations your child has received.****If unsure of dates even a simple tick indicating the vaccines would have been given is very helpful.**

VACCINATION TYPE	DATE GIVEN
1 st Diptheria, Tetanus, Pertussis, Polio and HIB meningitis (combined)	All usually about 2 months of age
1 st Meningitis C	
1 st Pneumococcal	
2 nd Diptheria, Tetanus, Pertussis, Polio and HIB meningitis (combined)	All usually about 3 months of age
2 nd Meningitis C	
3 rd Diptheria, Tetanus, Pertussis, Polio and HIB meningitis (combined)	All usually about 4 months of age
3 rd Meningitis C	
2 nd Pneumococcal	
Hib / Meningitis C	At about 12 months of age
MMR	At about 13 months of age
3 rd Pneumococcal	
Diptheria, Tetanus, Pertussis, Polio booster	From age 3 1/2
MMR booster	
Any Others eg Travel vaccines (please specify)	

If you have missed any vaccinations now is a really good opportunity to make an appointment for your child to have them updated by the Practice Nurse.