



CHILD (Under 12) MEDICAL QUESTIONNAIRE AND CONTACT PREFERENCES

1. Contact information

Child's full name _____ Date of birth ____/____/____ Sex M F

Parents' / Guardians' names
 (First) _____ (Last) _____
 (First) _____ (Last) _____

Tel: Home _____ Work _____
 Mob _____ Email address _____

2. Does the child have any allergies to any substances/medications? Yes No If yes, please state below:

Allergy _____ Reaction _____
 Allergy _____ Reaction _____

3. Have any of your relatives had any of the following conditions? If so please detail who:

Name _____ Heart Disease _____
 Epilepsy _____ Diabetes _____
 Stroke _____ Hypertension _____

4. Does the child have any current medical problems requiring ongoing treatment? Yes No

a) _____ b) _____
 c) _____ d) _____
 e) _____ f) _____

5. Height and Weight

What is the child's current height? _____ CM
 What is the child's current weight? _____ KG

6. Vaccination history - please state dates given in the boxes below:-

Diphtheria, Tetanus, Pertussis, Polio, Hib, Hep B	1st	2nd	3rd
Diphtheria, Tetanus, Pertussis, Polio, Hib	1st	2nd	3rd
Diphtheria, Tetanus, Pertussis, Polio	Booster		
Pneumococcal	1st	2nd	3rd
Rotavirus	1st	2nd	
Men B	1st	2nd	3rd
Men C	1st	2nd	3rd
Men C / Booster Hib			
MMR	1st	2nd	
Other - please state			

CONTACT INFORMATION AND CONSENT TO TEXT MESSAGING AND EMAILS

Please complete this form and return it to the Practice.

Contact Name..... Relationship to child.....

Home telephone number..... Mobile number.....

Email address.....

The Practice can contact me by text (please tick) YES NO

The Practice can contact me by email (please tick) YES NO

The telephone numbers and/or email address is shared with another person (please specify below)

.....

Blackfriars Medical Practice will keep the contact details of a parent or guardian on a child’s record until the child reaches the age of 12. At this point we will contact the patient seeking up to date contact information or consent to keep the details of a parent or guardian for contact purposes.

If a mobile number or email address is shared with another person, I understand that person will have access to information sent by the practice by text or email, for example appointment reminders.

Signed.....