Bampton Medical Practice

CHILDREN'S QUESTIONNAIRE

Please complete as many questions as you can about your child. This information will help the Practice to provide better medical care for your family.

Date: Surname:			Parents Surname: Phone No:		
Place of Birth	1:		Birth Weight:	••••••	
Address:			Previous Address:		
Name and Ad	ldress o	f previous doctor:		•••••••••••	
CHILDS ME	DICAL	HISTORY			
•		, .	If YES, Please specify:		
Has your child had:		Measles German Measles Whooping Cough Chicken Pox Any serious illnesses of Any hospital admission	Mumps Asthma Fits		
IS THERE ANY	HISTO	RY OF FITS/EPILEPSY IN	CHILDS PARENTS/BROTHERS/S	ISTERS	
		•	been done, and by whom)	GP / CLINIC	
2 months 3 months 4 months 12-18 months 3-5 years 10-14 years 14 years	nths 2 nd Diphtheria, Tetanus, Whooping Cough, Hib, Polio + Men C nths 3 rd Diphtheria, Tetanus, Whooping Cough, Hib, Polio + Men C 8 months Measles, Mumps, Rubella (1 st MMR) ears Measles, Mumps, Rubella (1 st MMR) (Pre-school) Diphtheria, Tetanus, Whooping Cough, Polio booster 4 years BCG after Heaf test (Not routine in Oxfordshire)				
Please make n	iew patie	ent check Appointment	date		
HEIGHT		WEIGHT	BP/ URINE		

Please Indicate one of the following Ethnic groups

White	Vietnamese	
Black Caribbean	Ethnic group not given-patient refused	
Black African	Other ethnic non-mixed	
Black, other, Non-mixed origin	Other ethnic mixed origin	
Black, other mixed	Other black ethnic group	
Pakistani	Other Asian ethnic group	
Indian	Other Ethnic group	
Chinese	Bangladeshi	
Other Asian Ethnic group	Traveller	
Irish Traveller		