

LADYWELL MEDICAL CENTRE (EAST)
PATIENT QUESTIONNAIRE – Child (age under 16)

How we use your information:

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

You will be issued with a Privacy Information Leaflet when you register. You can also find our full Privacy Notice on our website www.ladywelleast.co.uk or ask for a copy from Reception. Please contact the Practice Data Protection Officer if you have any queries.

For young people aged 12 – 15 (inclusive) please see separate information on consent to sharing your medical information.

Registration:

Have you ever been registered at the Practice before: Yes / No
If yes, approximately when?

Personal Details:

Full Name:	Date of Birth: / /
Address (inc postcode):	Male/Female:
	Mobile Tel No:
Parent/Guardian (Name):	
Do you need an interpreter? Y / N	If yes, which language:

Allergies:

Does your child have any allergies to medicines / other ? Yes No
If yes, please provide details below:

Health:

Place of birth:		Birth weight:
Type of delivery:	Were there any problems during the pregnancy or birth?	
Where does the child come in the family?	Does he/she have any special educational needs?	
Has your child ever had any serious illnesses or hospital admissions? (detail below)		
Year:	Illness:	
Medication at present: (include bought medicines)		
Is there any significant family medical history, for example, heart disease, high blood pressure, diabetes or asthma? (detail below)		
Family member:	Medical condition:	
Is your child up to date with child immunisations: Y / N		
If no, which ones are required:		

Is there any other significant information you wish to provide?
