**West London Medical Centre– Health Questionnaire for Children (0- 15yrs)**

Surname………………………………………………………….. Sex : Male/Female

Forenames....................................................................................... DOB:…………..

Address…………………………………………………………….

………………………………………………… Post code…………………

Name of main carer(s) ……………………… …….Relationship……………………………

Status of parents -Married / Separated/ Divorced/Common law partners/Foster /……………

First language of parents……………………………………………

Languages spoken by child (if applicable) …………………………

Name of school……………………………………………………

State any problems at birth or in the first few weeks of life

……………………………………………………………………….

Developmental problems ………………………………………

……………………………………………………………………….

Illnesses/Operations ………………………………………………

……………………………………………………………………….

Regular medications………………………………………

……………………………………………………………………….

Allergies……………………………………………………………...

**Family History (any serious illness in close relative)**

Mother…..………………………………………..

Father………………………………………….....

Brother(s)………………………………………..

Sister(s) ………………………………………….

**Immunisation Records** -Please provide **accurate** details of all immunisations

Vaccine Date given Place given

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 8weeks (2months) | |  | | --- | | Dip/Tet/Pert/Polio/Hib and hepatitis B |   Meningitis B  Rotavirus |  |  |
| Twelve weeks(3months) | |  | | --- | | Dip/Tet/Pert/Polio/Hib and hepatitis B |   Pneumococcal vaccine  Rotavirus |  |  |
| Sixteen weeks (4 months) | |  | | --- | | Dip/Tet/Pert/Polio/Hib and hepatitis B |   Rotavirus  Meningitis B |  |  |
| One year old | Hib and Men C  Pneumococcal vaccine  MMR (Measles, mumps and rubella)  Booster Men B |  |  |
| Three years four months (pre -school) | Dip/Tet/Pert/Polio  MMR (Pre-school booster) |  |  |
| Twelve to thirteen years | HPV (human papillomavirus) |  |  |
| Fourteen years | Tetanus, diphtheria and polio  Meningitis A ,C,W and Y |  |  |
| BCG |  |  |  |

Dip- Diphtheria, Tet- Tetanus, Pert- Pertusis, Hib- Haemophilus influenza, Polio-Poliomyelitis

MMR-Measles, Mumps, Rubella , Men C – Meningitis Group C

**I confirm that all the information given is accurate to the best of my belief .**

Signature of the Parent(s)/Guardian……………………… Date……………..