

**ARDEN MEDICAL CENTRE**

**CONFIDENTIAL MEDICAL QUESTIONNAIRE** to assist with the care of your young children pending the arrival of their full medical records from your last surgery, please complete the following questions:

**PLEASE COMPLETE THE FOLLOWING QUESTIONS AS ACCURATELY AS POSSIBLE:**

SURNAME..... FORENAME(S).....

ADDRESS..... DATE OF BIRTH.....

..... PLACE OF BIRTH.....

POST CODE..... TELEPHONE.....

ADDRESS OF LAST MEDICAL PRACTICE:.....

**Ethnicity**

Please indicate your child's ethnic origin. This is not compulsory, but may help with your child's healthcare, as some health problems are more common in specific communities, and knowing your child's origins may help with the early identification of some of these conditions.

Choose ONE section from A to E and then tick ONE box to indicate your child's background

**A White**

- British
- Irish
- Any other white background (please indicate) .....

**B Mixed**

- White & Black Caribbean
- White & Black African
- Any other mixed background (please indicate) .....

**C Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (please indicate) .....

**D Black or Black British**

- Caribbean
- African
- White & Asian
- Any other black background (please indicate) .....

**E Chinese or other ethnic group**

- Chinese
- Any other background (please indicate) .....

**IMPORTANT PAST AND PRESENT ILLNESSES/OPERATIONS** - Please give details:

.....  
.....

**MEDICATION:** Is your child taking any regular medication? Please give details and reasons:

.....

**ALLERGIES:** List any allergies your child may have against:

(a) Drugs.....(b) Other.....

**FAMILY HISTORY:** Please give details of any illnesses which run in the family:

.....

**IMMUNISATION HISTORY:**

1. Does your child have any contra-indications to immunisations of any kind?  
.....
2. Has your child ever reacted adversely to an injection? If so please give accurate details:  
.....
3. Do you as parent(s) wish certain immunisations to be withheld? If so please elaborate:  
.....

**DETAILS OF IMMUNISATIONS TO DATE:**

**1<sup>st</sup> baby vaccinations** .....

(Diphtheria, Tetanus, Hib, Pertussis, Polio, Hep B Pneumococcal, Men B & Rotavirus)

**2<sup>nd</sup> baby vaccinations**.....

(Diphtheria, Tetanus, Hib, Pertussis, Polio, Hep B & Rotavirus.....)

**3<sup>rd</sup> baby vaccinations**.....

(Diphtheria, Tetanus, Hib, Pertussis, Polio, Hep B, Men B & Pneumococcal.....)

**4<sup>th</sup> baby vaccinations**.....

(Hib, Men C, Pneumococcal, MMR & Men B)

**Pre-school vaccinations**.....

(Diphtheria, Tetanus, Pertussis, Polio & MMR)

**Other**

HPV (girls) .....

School Leaver Booster.....

Other (please specify).....

***Please bring your red book for confirmation of vaccination***

**Accessibility**

Does your child have any information or communication needs?

Yes / No

If so, please specify your needs & how we can assist you.....

*Examples of this could include but are not limited to:*

*Deaf or have a hearing loss*

*Blind or have a visual loss*

*Deafblindness (dual sensory loss)*

*People with a learning disability*

*Autism*

*Communication impairment (speech & language)*

*Aphasia (difficulty in communicating verbally or using written words)*

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**Named GP**

Your child will have a named GP who is responsible for generally overseeing their medical care. For day to day consultations or if the named GP is not available you child can continue to see any Doctor within the practice.

Your child's named GP is allocated by the month which they are registered at the practice:

*Month of registration*

*Named GP*

January / May / September

Dr Jane Holt

February / June / October

Dr Lucy Barnsley

March / July / November

Dr Nom Ullah

April / August / December

Dr Clare Bailey

If you have any queries regarding this please contact the practice manager.

**Declaration**

I acknowledge the details on this form are correct & acknowledge I have been given:

**Data sharing information & opt out forms**

**Online access patient information leaflet and application form**

**Practice newsletter**

**Practice leaflet**

**Details of named GP**

**Signature** ..... **Date**.....

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**Office use only**

Date data entered on to computer .....

Staff initials.....

**If you would like this information in an alternative format or you need help communicating with us, please let us know**