

CHILD HEALTH SURVEILLANCE QUESTIONNAIRE

For Children between the ages of 5 – 16yrs

Dear Parent/Guardian

Welcome to Pont Newydd Medical Centre Porth

We require you to complete a questionnaire for your child so that we can begin to process their new patient registration.

Their medical records regarding their previous health are still with your last Doctor and can take up to six months to arrive. It is therefore very important that you supply us with the appropriate information regarding all past and present health problems.

PLEASE FILL IN ALL SECTIONS OF THE QUESTIONNAIRE.

Thank you for your time and co-operation

Dr K Pascoe & Associates

Does the child have any DRUG ALLERGIES: Yes / No

Please give details

Do the child have any OTHER ALLERGIES: Yes / No

Please give details

Does your child have a CARER: Yes / No

If so please state who:

Past Medical History/Current Medical Conditions:

Does your child have any medical conditions or have had any major operations that should be brought to our attention: i.e. asthma, diabetes, epilepsy etc. - If so please give details:

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Medication:

Please list any medication that your child is currently taking (please include the name of the drug, strength and dose or attach a current repeat reorder slip – without this information we will be unable to issue their medication)

We will need confirmation of this medication.

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SPECIAL COMMUNICATION REQUIREMENTS:

Do you have any special communication requirements?

Do you have any special needs in accessing services?

For example – need letters of correspondence written in Braille / large letters / a language other than English / Sign Language ?

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Family History:

It is also important for us to know if they have any significant family history:
Please circle your answers below.

Is there any family history of **Heart Disease** (heart attacks, angina or coronary disease)? Yes / No

If yes please specify which family member/s

Have there been any deaths before the age of 60 due to this? Yes / No

If yes please specify which family member/s

Is there any family history of **Stroke**? Yes / No

If yes please specify which family member/s

Have there been any deaths before the age of 60 due to this? Yes / No

If yes please specify which family member/s

Is there any family history of **Diabetes**? Yes / No

If yes please specify family member/s.....

Is there any family history of **Asthma**? Yes / No

If yes please specify which family member/s

Any other Family History we should know about i.e. cancer, hypertension etc.

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Is there any other information you think we may need to know regarding your child: If so please give details below:

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IMPORTANT – PLEASE READ AND COMPLETE

Individual Health Record – [IHR]

The IHR has been introduced to Wales as part of the NHS Wales initiative to make a summary of important medical information from your GP record available to medical staff delivering urgent care outside surgery hours i.e. Out of Hours Service.

If you decide you do not wish to be part of this service and you would like to discuss your opt-out decision, then please tick the box below and a member of staff will contact you to arrange a convenient time for you to visit the practice to sign the opt-out agreement.

If you do not tick the box then we will assume that you are in agreement to be part of the IHR service. You can at any time opt-out in the future if you change your mind.

Individual Health Record – Opt-out request