Welcome to Broomhill & Lodge Moor Surgeries

Child Pre-registration Health Assessment Form

Personal Details

Do you wish for your child's Summary Care Record to be uploaded to the National Spine?
This involves uploading any medication your child is taking and any allergy. NO ☐ YES ☐

Please note: All information given on this form will be added to your child's medical record. **It is important that this form is completed as fully as possible.**

Surname ..... Date of Birth .....

Forename(s) ..... Gender Male ☐ Female ☐ (Please tick)

Address ..... Contact number .....

.....

Postcode .....

Name & Address of your child's Nursery or School .....

Today's date..... Parent/Guardian signature.....

Your Child's Health

Does your child have any medical condition at present? ☐ No ☐ Yes

If yes please specify: .....

Does your child take routine medication? ☐ No ☐ Yes

If yes, please give details:	Drug name	Dose	Times/Day
	.....	.....	.....
	.....	.....	.....
What is your child's height?	.....	.....	.....
What is your child's weight?	.....	.....	.....

Is your child allergic to any medication? ☐ No ☐ Yes

If yes, what? .....

Has your child had any of the following conditions?

Measles	☐ No	☐ Yes.	What date?.....
Mumps	☐ No	☐ Yes.	What date?.....
Asthma	☐ No	☐ Yes.	What date?.....
Fits	☐ No	☐ Yes.	What date?.....
German Measles	☐ No	☐ Yes.	What date?.....
Whooping Cough	☐ No	☐ Yes.	What date?.....

Child Pre-registration Health Assessment Form (cont.)

Your Child's vaccination status

The current routine childhood vaccination programme is as follows. Please can you tell us which vaccinations your child has had and give the date of each vaccination.

At 2 months - 1st vaccination (DTaP/IPV/Hib & PVC) Date given.....

At 3 months - 2nd vaccination (DTaP/IPV/Hib & Men C) Date given.....

At 4 months - 3rd vaccination (DTaP/IPV/Hib, Men C & PCV) Date given.....

At 12 months - (Hib/Men C) Date given.....

At 13 months - (MMR & PCV) Date given.....

At 3 years 4 months to 5 years old - (DTaP/IPV or dTaP/IPV & MMR) Date given.....

At 13 years to 18 years old - (Td/IPV) Date given.....

Your child's ethnic origin

This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act.

Please indicate your child's ethnic origin. This is not compulsory, but may help with your child's health care, 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 tick ONE box to indicate your child's background. PLEASE INDICATE YOUR CHILDS FIRST LANGUAGE:- .....

A WHITE

British ☐

Irish ☐

Any other background ☐ Please specify ☐

B MIXED

White & Black Caribbean ☐

White & Black African ☐

White and Asian ☐

Any other background ☐ Please specify ☐

C ASIAN OR ASIAN BRITISH

Indian ☐

Pakistani ☐

Bangladeshi ☐

Any other Asian background ☐ Please specify ☐

D BLACK OR BLACK BRITISH

Caribbean ☐

African ☐

Any other black background ☐ Please specify ☐

OTHER ETHNIC GROUP

Chinese ☐

Any other ethnic background ☐ Please specify ☐

NOT STATED

Not stated ☐