NEW PATIENT QUESTIONNAIRE FOR UNDER 16's

Name …… Date of Birth ……

Name of Parent/Gaurdian ……

Do you give Consent for your data to be shared with Emergency Care: YES / NO

Next of Kin (pls give details address,: contact no, relationship): **……**
……
……

Is Power of Attorney in Place: **YES / NO**
If yes, please give details: **……**

……

If there a Guardianship order in place: **YES / NO**
If yese, please give details: ……

……

___

Medical History

Previous Serious Illnesses Operations and dates

…….. ……

…….. ……

…… ……

Present regular medication (please list name, strength and how often taken)

Name	Strength	How often taken
…….	……..	…….
…….	……..	…….
…….	……..	…….

Drug Allergies

…….. ……

…….. ……

Smoking Habits (for over 14 years only)

Smoker ☐ Number of cigarettes/cigars/tobacco per day …… Non-Smoker ☐

ADDITIONAL INFORMATION REQUIRED - PLEASE SEE OVERLEAF

Immunisations (must be completed where possible)

Immunisations	Age Normally Given	Date of Immunisation	
Diptheria, tetanus, pertussis,polio & Hib 1st pneumoccocal	2 months	1st dose	……
Diptheria, tetanus, pertussis, polio & Hib 1st MenC	3 months	2nd dose	……
Diptheria, tetanus, pertussis, polio & Hib 2nd MenC 2nd Pneumoccocal	4 months	3rd dose	……
Hib/MenC booster	12 months		……
MMR & 3rd pneumococcal	12 months		……
Booster dose Diptheria, tetanus, pertussis,polio & MMR Boost	3yrs 4 months		……

Other Immunisations (please list below)

Immunisation	Date	Immunisation	Date
……	……	……	……
……	……	……	……
……	……	……	……
……	……	……	……

Schooling

Public School .....

Private School .....

Home Schooled .....

Date form completed ……