

Claypath and University Medical Group

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CONFIDENTIAL MEDICAL HISTORY QUESTIONNAIRE **(CHILD: UNDER 14 YEARS)**

The contents of this questionnaire are confidential and will be used as part of your medical record. The contents will not be shared outside the practice.

SECTION 1: Personal Details

Surname: Forename: Male/Female: Date of Birth:	Your Home Address: E-mail: Mobile No.: Telephone No. at Home:
Ethnic Origin (optional): First spoken language: Place of birth:	Name of Person to contact in an emergency: Relationship to: Telephone No.: Address (if different from your home address):

SECTION 2: Personal History

Please provide details of any significant current/past history e.g. operations, serious illness:-

Do you have any allergies (please specify): _____

Do you have any of the following conditions:

- | | | |
|-------------|-----------|---|
| 1) Asthma | YES
NO | How many years have you had asthma? years |
| | | Best ever peak flow, if known |
| 2) Epilepsy | YES
NO | When did you first have a fit? |
| | | When was your last fit? |
| 3) Diabetes | YES
NO | |
| 4) Thyroid | YES
NO | |

Please provide details of any current illness and the treatment given:

SECTION 3: Vaccination History

	Date of 1st	Date of 2nd	Date of 3rd	Date of Booster
5 in 1
Pneumococcal
Meningococcal
MMR

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.