**New Patient Questionnaire - For Children aged 0-15 years**

First Name: …………………………………………………..Surname:………….……………………………….

Date of Birth: ….……………………………. ………………Contact Tel no…………………………………

Name of Parents/Guardians: ….................................……………………………………………………………….

**Parental Responsibility:**

For the benefit of both yourself and your child/children it is important that we are aware who has parental responsibility for your child/children, both for their health and welfare as well as data protection. A mother automatically has parental responsibility for her child from birth. A father usually has parental responsibility if he is:

* married to the child’s mother
* listed on the birth certificate (after a certain date, depending on which part of the UK the child was born in – 05/05/2006 Scotland and 15/04/2002 North Ireland)

**Unmarried Parents:**

An unmarried father can only get parental responsibility for his child in 1 of 3 ways:

* jointly registering the birth of the child with the mother (from 1 December 2003)
* getting a parental responsibility agreement with the mother
* getting a parental responsibility order from a court

**We will need proof of parental responsibility if you want to obtain any information about your child.**

**Confidentiality:**

There may be times when we share information about your child/children with other health and social care services if we believe it is in their best interest. Please ask if you would like further information.

Please complete this information to confirm what vaccines your child has received:

|  |  |  |
| --- | --- | --- |
| At 8 weeks old we would expect them to have received: | 1st DTaP/IPV/Hib/1st HepB + 1st MenB + 1st Rotavirus  Which means: Diptheria, Tetanus, Polio, Haemophilus, Whooping Cough and 1st Hep B, 1st Meningitis B and Rotavirus | What date did they receive these:  ………………………………………. |
| At 12 weeks old we would expect them to have received: | 2nd DTaP/IPV/Hib/HepB + 1st PCV + 2nd Rotavirus  Which means: Diptheria, Tetanus, Polio, Haemophilus, Whooping Cough and Hep B, Pneumonia and Rotavirus | What date did they receive these:  ……………………………………… |
| At 16 weeks old we would expect them to have received: | 3rd DTaP/IPV/Hib/HepB + 2nd MenB  Which means: Diptheria, Tetanus, Polio, Haemophilus, Whooping Cough and Hep B and 2nd Meningitis B | What date did they receive these:  ……………………………………… |
| At 1 year old we would expect them to have received: | Hib/MenC + 2nd PCV + 3rd MenB + MMR  Which means: Whooping Cough, Meningitis C, Pneumonia, Meningitis B and Measles, Mumps and Rubella | What date did they receive these:  ………………………………………. |
| Pre-School we would expect them to have received: | DTaP/IPV + MMR  Which means: Diptheria, Tetanus, Polio and Whooping Cough and Measles, Mumps and Rubella. | What date did they receive these:  ……………………………………….. |

If your child has received a different schedule of immunisations please give us details of what immunisations they have received and the dates received.

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Thank you

Please tell us their Ethnic Origin?

|  |  |  |  |
| --- | --- | --- | --- |
| White British |  | Sri Lankan |  |
| White Irish |  | Black African |  |
| Other White |  | Black Caribbean |  |
| Mixed Race: White & Black Caribbean |  | Other Black |  |
| White & Black African |  | Other Asian |  |
| White & Asian |  | Other European |  |
| Indian |  | Other Mixed Race |  |
| Pakistani |  | Other Ethnic Category |  |
| Bangladeshi |  | I would prefer not to state my ethnicity |  |

Do they have any allergies or have had any adverse reactions to any medication? Yes No

If yes, please give us the details ………………………………………………………………………………………………………………………………………