LAKESIDE HEALTHCARE
at Oundle

CHILD QUESTIONNAIRE (For aged 15 and under)

IF you are aged 16 and over please fill in the Adult questionnaire

SURNAME: ……..**FORENAME (S):** ……..**D.O.B:** ……

ADDRESS: ……..**POSTCODE:** ……

HOME TEL: ……..**MOBILE TEL:** …… *We do NOT use SMS messaging for under 16 year olds*

PARENTAL RESPONSIBILITY Please name any adults living with the child and state their relationship to the child, including any carers.

Is this child a 'looked after' child? Yes ☐ No ☐
By 'looked after' we mean under the care of a guardian or anyone else other than the parent(s).

Does this child currently or ever had a Social Worker involved with their care?
YES ☐ NO ☐
Date (to/from) social worker involved: _____ to _____
Social worker details including contact telephone number:

PREVIOUS NURSERY/SCHOOL: ……

CURRENT or NEW NURSERY/SCHOOL: ……

DOES THIS CHILD HAVE ANY CURRENT MEDICAL CONDITIONS or DISABILITIES?

CURRENT HEIGHT: …….. **CURRENT WEIGHT:** ……
Please use most recent values in your child's red book if you are unsure

DOES THIS CHILD HAVE ANY ALLERGIES? No ☐ Yes ☐ Please state:

IS THIS CHILD UNDER HOSPITAL CARE AT THE MOMENT? IF SO PLEASE STATE:

HOSPITAL:

CONSULTANT NAME:

CONSULTANT SPECIALITY:

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IF THIS CHILD HAS REPEAT MEDICATION, PLEASE PROVIDE US WITH A COPY OF THEIR REPEAT PRESCRIPTION LIST

NOMINATED PHARMACY ✓YOUR PREFERENCE:

☐ I live more than one mile from the nearest chemist and wish to collect my medication from the surgery (Only available to those in the surrounding villages, not including Ashton)

☐ Boots (Oundle) ☐ Oundle Pharmacy (Post Office) ☐ Other (please state):

SIBLINGS Please give names of any siblings. If you are registering all siblings at the same time, this information is not required.

FOR ALL CHILDREN AGED 14 AND OVER

Do you smoke? Yes ☐ No ☐ If yes, how many? ____ per day / week / month (delete as appropriate)

Prefer not to answer ☐

IF YOU ARE REGISTERING FROM OVERSEAS, PLEASE PROVIDE A COPY OF ALL VACCINATIONS ADMINISTERED.

Ethnicity: (Please note that you do not have to complete this section)

White British ☐	British or mixed British ☐	Other White background ☐
Asian Indian ☐	Asian Pakistani ☐	Asian Bangladeshi ☐
Black Caribbean ☐	Black African ☐	Chinese ☐
Mixed White & Asian ☐	Mixed White & Black Caribbean ☐	Mixed White & Black African ☐
Other (Please state):_____		Prefer not to answer ☐

First language: **Is an interpreter required?**

Thank you for taking the time to complete this questionnaire

For Office Use Only *Patient Verification*

Documentation Seen: _____

Seen by: _____ *Date:* _____

Added to SystmOne By: _____ *Date:* _____