

**West London Medical Centre – Health Questionnaire for Children (0- 15yrs)**

Surname..... Sex : Male/Female

Forenames..... DOB:.....

Address.....

..... Post code.....

Name of main carer(s) .....Relationship.....

Status of parents -Married / Separated/ Divorced/Common law partners/Foster /.....

First language of parents.....

Languages spoken by child (if applicable) .....

Name of school.....

State any problems at birth or in the first few weeks of life

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Developmental problems .....

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Illnesses/Operations .....

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Regular medications.....

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Allergies.....

**Family History (any serious illness in close relative)**

Mother.....

Father.....

Brother(s).....

Sister(s) .....

**Immunisation Records**

Please provide **accurate** details of all immunisations  
 ( Please transfer information from red book or any other immunisation record you have)

<b>Age Due</b>	<b>Primary course of vaccinations</b>	<b>Date Given</b>	<b>Place Given</b>
2months old	Dip/Tet/Pert/Polio/Hib		
	Pneumococcal Vaccine		
3months old	Dip/Tet/Pert/Polio/Hib		
	Men C- Meningococcal group C		
4months old	Dip/Tet/Pert/Polio/Hib		
	Meningococcal group C		
	Pneumococcal Vaccine		
12months	Hib/Men C		
13months old	MMR 1st Dose		
	Pneumococcal Vaccine		
3.5-5 yrs	<b>Pre-School Booster</b>		
	Dip/Tet/Pert/Polio		
	MMR 2nd Dose		
	BCG		
13yrs-18yrs	<b>Before leaving school</b>		
	Dip/Tet/Pert		
	Other		

Dip- Diphtheria, Tet- Tetanus, Pert- Pertusis, Hib- Haemophilus influenza, Polio-Poliomyelitis  
 MMR-Measles, Mumps, Rubella , Men C – Meningitis Group C

**I confirm that all the information given is accurate to the best of my belief .**

Signature of the Parent(s)/Guardian.....

Date.....