# PATIENT HEALTH HISTORY

(For children under 16 yrs)

NAME:	
DATE OF BIRTH:	
ADDRESS:	

## 1. PREGNANCY AND BIRTH COMPLICATIONS

Normal Pregnancy?	YES / NO	Details (if YES):
Born at Term?	YES / NO	Details (if YES):
Normal Delivery?	YES / NO	Details (if NO):
Baby well at birth?	YES / NO	Details (if NO):

Continue on back of page if necessary.

# 2. MEDICAL HISTORY

(FOR EXAMPLE: asthma, eczema, heart murmurs, diabetes, Kidney disease or urine infections, hip/foot problems, development delay in speech or walking, Learning and behavioural issues etc)

Medical Co	ondition	Year of diagnosis	Any other details (ie if seen by a specialist/ paediatrician)			
Tick here if child has NO MEDICAL CONDITIONS						

Continue on back of page if necessary.

# **3. PREVIOUS SURGERY**

Record any operations the child has had. (FOR EXAMPLE: Tonsils, Appendix, Grommets)

Type of Surgery	Year	Any other details					
Tick here NO SURGICAL OPERATIONS							

Continue on back of page if necessary.

### 4. **REGULAR MEDICATIONS** (not Pamol etc)

Name of Medicine	Dose and how often taken				
Tick here if NO REGULAR MEDICINES					

Continue on back of page if necessary.

### 5. ALLERGY

Please list any allergy/reactions the child has to medication.

Medication	Description of Reaction (ie rash/vomit/tummy pain)				
Tick here if child has NO KNOWN ALLERGY					

#### 6. IMMUNISATION HISTORY

Routine Vaccinations:	6 wk	3mth	5mth	15	4 yr	11 yr	Vaccinations
				mth			up to date?
() if vaccine given							
(?) if unsure							YES / NO
Number of MENZB vaccines	1/2/3	/ 4	Note: there are usually 4 MenzB				
given:			vaccines given if started a 6 wks.				
If you have decided <u>NOT</u> TO VACCINATE your child, then sign here:							
(Also state your relationship to the child: ie mother):							

\*Note: <u>WE ADVISE PARENTS TO VACCINATE</u>, and we are happy to discuss it further if you have any questions or concerns. (Written information & other resources are available too): talk to the nurse/doctor.