LIPHOOK&LISS
SURGERY

Confidential Health Questionnaire for new child patients under the age of 5

Childs Forename/s

Surname

Male / Female

Date of Birth

Parents Surname (if different)

Place of Birth

Address (including post code)

Name and address of previous doctor

Medical Details

Birth weight

Birth complications e.g. premature/ low birth weight

Has your child had any of the following?

Asthma	Yes / No	Diabetes	Yes / No
German Measles	Yes / No	Measles	Yes / No
Whooping Cough	Yes / No	Chicken Pox	Yes / No

Vaccinations

Please provide details of all immunisations

Date Given

Course	Date Given
1st 5 in 1 - Dip/Tet/Pert/Polio/Hib	
2nd 5 in 1 - Dip/Tet/Pert/Polio/Hib	
3rd 5 in 1 - Dip/Tet/Pert/Polio/Hib	
1st Meningitis ‘C’	
2nd Meningitis ‘C’	
3rd Meningitis ‘C’	
1st Pneumococcal (PCV)	
2nd Pneumococcal (PCV)	
Pneumococcal Booster (PCV)	
Hib/MenC Booster	
MMR	
MMR 2	
Dip/Tet/Pert/Polio preschool Booster	
Dip/Tet/Pert/Polio/Hib preschool Booster	
Dip/Tet/Pert preschool Booster	