

Child and Teenager (Aged 5-15 years) Health Check

WE WOULD LIKE TO TAKE THIS OPPORTUNITY TO WELCOME YOU TO THE PRACTICE. ALL NEW PATIENTS SHOULD HAVE AN APOINTMENT FOR A HEALTH CHECK WITH THE NURSE. PLASE BRING A SPECIMEN OF URINE WITH YOU.

COMPLETE THE FORM BELOW AND BRING WITH YOU TO YOUR APPOINTMENT.

Name	Age	Male or Female?
Address		
Your old Gp's name & address		

- Had 3 diphtheria/tetanus/polio jabs by 18 months old..... YES/NO
- Has 3 whooping cough jabs by 18 months old.....YES/NO
- Had measles/mumps/rubella jab.....YES/NO
- Has pre-school booster jab (at 4 years)..... YES/NO
- Had BCG jab at age 11 years (against TB)..... YES/NO
- Had diphtheria/tetanus/polio booster between 15 to 19 years..... YES/NO

Past Medical History:

- Diabetes..... YES/NO
- Asthma..... YES/NO
- Epilepsy..... YES/NO
- Eczema..... YES/NO
- Hayfever..... YES/NO
- Acne..... YES/NO
- List any others.....

Medication: Please tell the nurse about any regular drugs and any allergies:

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Is there a family history in parents/brothers/sisters of heart disease or strokes?

In men under the age of 55 years:..... In women under the age of 65 years:.....

Do you eat a healthy diet? (E.G. Plenty of fibre and low in animal fat).....

To be completed by the nurse: Date.....

To be registered with Dr.....

Height..... Weight..... Urine: Normal/ Blood/ Protein/ Glucose

Any other findings.....

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