

# PLEASLEY SURGERY

Practice

## Patient Health Questionnaire for Children(under 16)

Chesterfield Road  
Pleasley  
Mansfield  
Notts, NG19 7PE  
Tel:01623 810249

### Patients Details

<b>First Name</b>	
<b>Surname</b>	
<b>Date of Birth</b>	
<b>NHS Number</b>	

<b>Home Address</b>	
<b>Telephone Numbers</b>	
<b>Email Address</b>	
<b>School / College</b>	

<b>Name and Address of Previous GP</b>

### Next Of Kin

<b>Full Name</b>	
<b>Address</b>	
<b>Telephone Contact Numbers</b>	
<b>Relationship to Child</b>	
<b>Parental Responsibility</b>	<b>Yes</b> <b>No</b>

### Medical History

<b>Important allergies</b>	
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**Family History –**

Is there anyone in your family with the following problems.  
Please give family member details

<b>Asthma</b>	
<b>Cancer</b>	
<b>Diabetes</b>	
<b>Heart Attack / Angina</b>	
<b>High Blood Pressure</b>	
<b>Stroke</b>	

**Ethnicity**

<b>Main Spoken Language</b>	
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<b>White</b>	<input type="checkbox"/> <b>British</b> <input type="checkbox"/> <b>Irish</b> <input type="checkbox"/> <b>Other (please specify)</b>
<b>Black</b>	<input type="checkbox"/> <b>Caribbean</b> <input type="checkbox"/> <b>African</b> <input type="checkbox"/> <b>Other (please specify)</b>
<b>Asian</b>	<input type="checkbox"/> <b>Indian</b> <input type="checkbox"/> <b>Pakistani</b> <input type="checkbox"/> <b>Chinese</b> <input type="checkbox"/> <b>Other (please specify)</b>
<b>Mixed</b>	<input type="checkbox"/> <b>White + Black Caribbean</b> <input type="checkbox"/> <b>White + Black African</b> <input type="checkbox"/> <b>White + Asian</b> <input type="checkbox"/> <b>Other (please specify)</b>

**Please provide a copy of your child’s birth certificate and a copy of any repeat medications they are currently taking.**

**Specific needs**

Please detail below any specific needs you have so the practice can ensure they are identified and accommodated by taking the appropriate action

<b>Please state any sensory impairment (i.e. speech hearing, sight)</b>	
<b>Are you an assistance dog user?</b>	
<b>Any physical disabilities?</b>	
<b>Any mental disabilities?</b>	
<b>Any Religious or cultural needs?</b>	
<b>Do you require the help of a translator/interpreter?</b>	
<b>Any specific nutritional requirements?</b>	
<b>Please state any allergies/sensitivities you have</b>	
<b>Please state any phobias you have</b>	

### **Summary Care Records**

**The NHS are changing the way your health information is stored and managed.**

**The NHS Summary Care Record is an electronic record of important information about your health.**

**It will be available to health care staff providing your NHS care.**

<b>Are you happy to have a Summary Care Record</b>	<b>Yes</b>	<b>No</b>	<b>More time required to decide:</b>
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### **Thank-you for completing this form**

**You can now Book and Cancel your appointments, and Order your Prescriptions online, if you would like to use this service please ask our Receptionist for details**