

# Oakview Family Practice

(Patient Questionnaire <16 years old)

It is of enormous benefit to the Doctor to know something about your medical background when you come to the surgery. We may not receive your medical records for sometime and it enables us to provide you with a better service if you are willing to provide us with some information about your health.

**NAME:** ..... **DATE OF BIRTH:** .....

**SCHOOL:**.....

**Please indicate if you have a personal history or close family history of any of the following medical conditions**

	You (please include year of diagnosis if you know)	Your close family (please note which relative)
Asthma		
Diabetes		
Cancer (if so what type)		
Epilepsy		
HIV		

Do you have any difficulties with communication? (Please include visual or hearing impairments and learning difficulties)

Please list any other illnesses, injuries or operations (with dates if you can remember)

Please list any regular medications you take including herbal remedies and the amount (or attach repeat prescription tear off)

Are you allergic to any drugs? Please give details.

Are you a carer? (Do you look after a vulnerable adult) Yes / No

Please provide details of any vaccinations you have had to date (this information can be found in the red book)

Vaccination	Date given	Date given	Date given
Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib)			
Pneumococcal conjugate (PCV)			
Rotavirus			
Meningococcal B conjugate (MenB)			
Hib/MenC conjugate			
Measles, mumps and rubella (MMR)			
Diphtheria, tetanus, pertussis and polio (DTaP/IPV or dTaP/IPV)			
Human papillomavirus (HPV)			
Tetanus, diphtheria and polio (Td/IPV)			

**Parent's/Guardian Details:**

Mother's Name.....D.o.B.....  
 Address.....  
 Contact Number.....

Father's Name.....D.o.B.....  
 Address.....  
 Contact Number.....

**Any other adults/children in the household**

Name & relationship to child:

Ethnicity.....First language.....

Next of Kin.....Tel:.....

Signed:.....

Date:.....

For Staff Use Only: ID VERIFIED TYPE:.....BY.....

OFP Authorization.....