Pipeland Medical Practice
St Andrews Community Hospital
Largo Road, St Andrews,
Fife, KY16 8AR

Tel 01334 476840
Fax 01334 465632
www.pipelandmedical.com

Pipeland
MEDICAL PRACTICE

Complete and save/print using Acrobat or print and fill-in by hand. Return by post or drop into the practice at the above address.

CHILD (under 12) MEDICAL QUESTIONNAIRE AND CONTACT PREFERENCES

This questionnaire is to help us get to know your child.

1. Contact information

Child's full name _____ Date of birth _____ Sex M ☐ F ☐

Parents' / Guardians' names

(First) _____ (Last) _____

(First) _____ (Last) _____

Tel: *Home* _____ *Work* _____

Mobile _____ Email _____

2. Past medical & surgical history

Please list all important illnesses, including hospital admissions and operations. (Continue on page 3 if necessary)

i) _____ ii) _____

iii) _____ iv) _____

v) _____ vi) _____

3. Medication

Is the child taking any regular medicines from your doctor or chemist?

Yes ☐ No ☐ If YES, please state:

Name _____ Dose and frequency _____

Name _____ Dose and frequency _____

Name _____ Dose and frequency _____

4. Does the child have any allergies Yes ☐ No ☐

If yes, type of allergy _____

_____

5. Vaccination history - please state dates given in the boxes below

Diphtheria, Tetanus, Pertussis, Polio, Hib, Hep B	1st	2nd	3rd
Diphtheria, Tetanus, Pertussis, Polio, Hib	1st	2nd	3rd
Diphtheria, Tetanus, Pertussis, Polio	Booster		
Pneumococcal	1st	2nd	3rd
Rotavirus	1st	2nd	
Men B	1st	2nd	3rd
Men C	1st	2nd	
Men C / Hib Booster			
MMR	1st	2nd	
Other - please state			

6. Any other comments

7. Contact information and consent to text messaging and emails

Please complete all the fields as we will store this information separately.

Contact name _____ Relationship to child _____

Home telephone number _____ Mobile number _____

Email address _____

The practice can contact me by text Yes ☐ No ☐

The practice can contact me by email Yes ☐ No ☐

The telephone numbers and/or email address is shared with another person* Yes ☐ No ☐
(If yes specify below)

_____

Pipeland Medical Practice will keep the contact details of a parent or guardian on a child's record until the child reaches the age of 12. At this point we will contact the patient seeking up to date contact information or consent to keep the details of a parent or guardian for contact purposes.

**If a mobile number or email address is shared with another person, I understand that person will have access to information sent by the practice by text or email, for example appointment reminders.*

Signed _____