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| **Dr S A BRENNAN** MB, ChB**Dr K DURKAN** MBChB, BSC (Hons), MRCGP**Dr J L GRAY** BSc, MB, ChB, MRCGP (2013)**Dr A N MATTOCKS** MBBS, DRCOG, MRCGP (1995)**Dr E A O’LEARY** BSc, MBChB, DRCOG, DFFP, MRCGP (2011)**Dr S TAHIR** MBBS, DRCOG, MRCGP (2018)**Dr S BISHOP** BM BCh, MA, DRCOG, MRCGP (2018) |  | **Bankfield Surgery****Huddersfield Road****Elland** **West Yorkshire****HX5 9BA****Tel: 01422 374662****Email: bankfield.surgery@nhs.net****www.bankfieldsurgery.org.uk** |

**Patient Health Questionnaire - Children Aged 0-16**

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| --- |
| **Personal Details** |
| Name: | DOB: | Age: |
| Address:  |
| Home Phone No: | Mobile no:Who does this number belong to: |
|  |
| Ethnicity:  | Main Spoken Language: |
|  |
| **Previous GP** |
| Dr: |
| Surgery: |
|  |
| **Medication** |
| Please list any medication you are currently taking: |
|  |
| **Medical History** |
| Please list any long term condition e.g. Asthma, Diabetes etc: |
|  |
| **Allergies** |
| Are you allergic to any medicines, substances or foods? Yes NoPlease give details: |
|  |
| **Immunisations** |
| Please completeimmunisation status for children under 10 years old: |
| Triple/polio/HIB: Yes No | Dates: |
|  |  |
| MMR: Yes No | Date: |
|  |  |
| Tetanus: Yes No | Date last given: |

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| **Family History** |
| Do any family members have any of the following conditions? **(Please tick all that apply)** |
| **Condition** | **Yes** | **Relationship to you** | **Condition** | **Yes** | **Relationship to you** |
| Asthma |  |  | Heart Problems |  |  |
| Cancer |  |  | High Blood Pressure |  |  |
| COPD |  |  | Stroke |  |  |
| Diabetes |  |  | Other (please specify) |  |  |
| Epilepsy |  |  |
|  |

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| **Emergency Contact Details** |
| **Contact 1** |
| Name: |
| Relationship to you: | Next of kin? Yes No |
| Address: |
| Home Number: | Mobile Number: |
| **Emergency Contact Details** |
| **Contact 2** |
| Name: |
| Relationship to you: | Next of kin? Yes No |
| Address: |
| Home Number: | Mobile Number: |
| **You should notify the individual(s) you have named above that you have provided us with their information and that we will hold this information within your electronic medical record.** |

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| **Text and Email** |
| If you do not wish to receive information this way, please ask at reception to complete an Opt Out form. |