

UNDER 5 QUESTIONNAIRE

Name: _____ Date of Birth: _____

Address: _____

_____ Postcode: _____

Home Tel. No: _____ Mobile Tel. No _____

Mother's name: _____ Father's name: _____

Other carer (if applicable) _____ Tel. No: _____

Ethnicity

Please indicate child's ethnic group

- | | | |
|---|--|--|
| <input type="checkbox"/> White Scottish | <input type="checkbox"/> Asian - Indian | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> White British | <input type="checkbox"/> Asian - Pakistani | <input type="checkbox"/> Black African |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Asian - Bangladeshi | Other Black background (please state) |
| Other white background (please state) | <input type="checkbox"/> Chinese | <input type="checkbox"/> Mixed Race |
| | Other Asian background (please state) | Any other ethnic group (please state) |

Serious illnesses or Hospital admissions (with dates)

Operations (with dates)

Medications

Allergies

For children older than 2 months - please discuss Immunisation status with the Health Visitor

For HV use only: Immunisations up to date Y/N

Social Worker (if relevant) _____