Bromley Healthcare
community first

Please scan and email your completed questionnaire to
bromh.cypqueries@nhs.net

Background Health Information for Community Paediatric Appointment

Dear Parent/ Carer, thank you taking the time to complete this form. Not all areas will be relevant to your child, but please fill in as much as you can. We look forward to meeting you soon.

Child's name:	**Date of Birth:**
Address:	
Telephone number:	**Languages spoken at home:**
Questionnaire completed by:	**Date:**

PREGNANCY AND BIRTH

Medication in pregnancy:

Any concerns during the pregnancy:

Alcohol at any stage in pregnancy: yes/no **Cigarettes in pregnancy: yes/no**

Substance use in pregnancy: yes/no

Place of birth:

Born on time or early (if so, by how many weeks):

Type of birth: Normal/ Breech/ Forceps/ Ventouse/ Caesarian

Were there any concerns that your baby was distressed before delivery?

Any concerns around the time of birth:

Did she/he need help with breathing at birth: yes/no

Any concerns in the newborn period:

Any feeding problems early on: yes/no

GENERAL HEALTH

Please write down any health diagnoses or conditions your child has experienced:

Details of any hospital visits or admissions:

Is your child up to date with their immunisations: yes/no/not sure

Any concerns about hearing: yes/no **Any concerns about eyesight: yes/no**

Any regular medications: yes/no **Any allergies: yes/no**

FAMILY BACKGROUND

Any relevant health concerns in the family: yes/no

Any mental health concerns in the family: yes/no

Any developmental concerns in the family: yes/no

Are birth parents related e.g. cousins: yes/no **Are both parents living at home: yes/no**

Any concerns with housing: yes/no **Any concerns with finances: yes/no**

EARLY DEVELOPMENT

At what age did your child do the following things:

Sit without support: **Roll over:** **Crawl:** **Walk:**

Smile: **Babble:** **First words:** **Linking words:**

How does your child communicate (e.g. speech, signing, gestures, pictures exchange, symbols, communication aid etc):

Please describe how your child plays with other children:

Please describe any pretend/creative imaginative play enjoys (or has previously enjoyed):

Please describe any concerns you have around your child's learning, development or behaviour:

Please kindly provide details of any other professionals involved including Bromley children's project, social care etc:

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