Guy's and St Thomas' NHS
NHS Foundation Trust

Child

Confidential Social & Medical History

Parent/Guardian Name: _____

Contact Number: _____

Social Worker Details: _____

Social worker Phone: _____

Child's School: _____

School Address: _____

PATIENT LABEL

Child's name: .....

Date of Birth: .....

	PLEASE CIRCLE		
Can you consent/give permission for treatment?	**yes**	**no**	
Are you named on child's birth certificate?	**yes**	**no**	
Is anyone else named on child's birth certificate?	**yes**	**no**	**Name: _____**

Medical Details

HAS YOUR CHILD:	**YES**	**NO**	**DETAILS**
Good health?	☐	☐	_____
All childhood vaccinations?	☐	☐	_____
Other hospital/clinic visits?	☐	☐	_____
Appointments with a paediatrician?	☐	☐	_____
Any operations or serious illness?	☐	☐	_____
Sedation or general anaesthetic?	☐	☐	_____
Premature birth/birth difficulties?	☐	☐	_____
History of sleep apnoea/snoring?	☐	☐	_____
Learning difficulty, ADHD, Autism?	☐	☐	_____

Medication/Medicines/Creams/Supplements

Details (including dose and frequency)	**Date started**	**Date stopped**

PLEASE TURN OVER

Does your child, or has your child had, any problems with:

	YES	NO	DETAILS
Chest? e.g. asthma, bronchitis, shortness of breath, cough			
Heart? e.g. murmur, heart defect, surgery, palpitations			
Blood or Circulation? e.g. anaemia, prolonged bleeding, blood pressure			
Digestion, Stomach or Intestines? e.g. reflux, jaundice, colitis, constipation, ulcers			
Kidneys? e.g. kidney function, infections			
Nervous system? e.g. fits/epilepsy/autism/learning difficulty			
Hormonal system? e.g. diabetes, thyroid			
Joints and bones? e.g. arthritis, muscle problems			
Skin & mucous membranes? e.g. eczema, psoriasis, ulcers			
Allergies and sensitivities? e.g. foods, medications, materials			
History of family illness? e.g. sickle cell anaemia, thalassaemia, inherited conditions			
Infectious disease? e.g. hepatitis, HIV, TB, CJD			

OLDER CHILDREN	YES	NO	DETAILS
Do you use tobacco, e-cigarettes or vape?			
Do you drink alcohol?			
Do you use recreational drugs?			
Is it possible you could be pregnant?			

Further information:

Checked & signed by Dentist/Doctor					
Print name					
Date					