|  |  |  |
| --- | --- | --- |
| **Child profile** | Name |  |
| NHS Number |  |
| Dob. |  |
| Address |  |
| Date child registered with the practice? |  |
| Ethnicity |  |
| School/ nursery |  |
| Significant current/ past health conditions |  |
| Behavioural issues in the child |  |
| Physical and learning disability |  |
| Alcohol and substance misuse in the child? |  |
| Current medication |  |
|  | **Please comment on what each medication is for and if it is taken as prescribed** |
| Is there a history of abuse or neglect? |  |
| Immunisations  |  |
|  | **Please comment on whether they are up to date**. |
| When was the child last seen in the practice? |  |
| What is the frequency and appropriateness of the child’s attendances at the GP surgery, emergency department and NHS out-of-hours services? |  |
| Missed appointments/ Was Not Brought  |  |
| **Is there any other significant information?** |  |