**Symptom Form**

|  |  |
| --- | --- |
| Full name of Child:Full name of Parent:  | D.O.B:Mobile: |
| Today’s date: | Time of call: |

**Dear Parent:**

Please fill in as much of the following information as possible to allow us to triage your call:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Respiratory**[ ]  Fever (38C or above)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time taken |  |  |  |  |
| Temperature |  |  |  |  |

[ ]  Runny / blocked nose Colour of any mucus: \_\_\_\_\_\_\_\_[ ]  Difficult or rapid breathing [ ]  Wheezing[ ]  Cough[ ]  Sore throat**Food poisoning or gastroenteritis** [ ]  Stomach ache[ ]  Diarrhoea \_\_\_\_\_\_\_ times[ ]  Vomited \_\_\_\_\_\_ times[ ]  Unusual colour of stool or blood in stool[ ]  Trouble passing urine | **Aural, Oral & Eye (left/right)**[ ]  Mouth ulcer[ ]  Red Eyes[ ]  Discharge from eye[ ]  Ear pain / Discharge**Skin conditions**[ ]  Chickenpox[ ]  Rash at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Blisters at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Other physical symptoms:**

|  |  |
| --- | --- |
| [ ]  Poor appetite  | [ ]  Lethargy  |
| [ ]  Headache | [ ]  Chills  |
| [ ]  Muscle ache  | [ ]  Joint paint |
|  |  |

Any underlying conditions / ongoing medical conditions? |
| **Other symptoms/comments**1. How long has your child had these symptoms? Are they getting worse or better?
2. What treatments have you tried already? i.e Calpol /Nurofen.
 |
| GP Comments:  |

For office use only:

Time form received: Dr informed: