**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: