

Temperature symptoms in children under 10 years

Dear Parent / Guardian,

Please take 5 minutes to fill in the following information about your child's recent illness and take the form with you to your appointment. Just leave blank the questions you can't answer or don't understand, and the clinician will talk you through them when you see them. There are certain symptoms that make us more concerned about a child with a fever and this information will help the doctor make their assessment.

Many thanks

Cuckfield Medical Practice & The Vale Surgery

General information:

Please answer all questions below – please write or tick:		
When did the temperature start?		
What has been the highest recorded temperature? (only needed for children under 6 months)		
Have you used any medicines, if so what?		
If you have used any medicine, what time was the most recent dose?		
Are they drinking normally?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are they eating normally?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have they been vomiting / what have they been vomiting up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If vomiting, what have they been vomiting up?		
When was the last time they passed urine / had a wet nappy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have they been confused or drowsy or less responsive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have they had difficulty breathing or noisy breathing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Symptoms to find out what the cause of the temperature might be:

Please tick the ones you think your child has had:		
<input type="checkbox"/> Cough	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Ear pain / pulling / nasty discharge
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Headache	<input type="checkbox"/> Rash (have you looked elsewhere for a rash not just the tummy?)
<input type="checkbox"/> Diarrhoea	<input type="checkbox"/> Tummy pain	<input type="checkbox"/> Smelly urine or change in urine production (going often)
<input type="checkbox"/> Neck stiffness	<input type="checkbox"/> Red or runny eyes	<input type="checkbox"/> Joint pain or problems moving joints or walking
<input type="checkbox"/> looking pale	<input type="checkbox"/> shading eyes from the light	
<p>Are there any other symptoms you are concerned about that are not mentioned? Please write them here It would be helpful for us to know how worried you are - do you think your child is very unwell or are you here instead to get them checked out?</p>		

Please take this form into your appointment for the GP. Many thanks.