

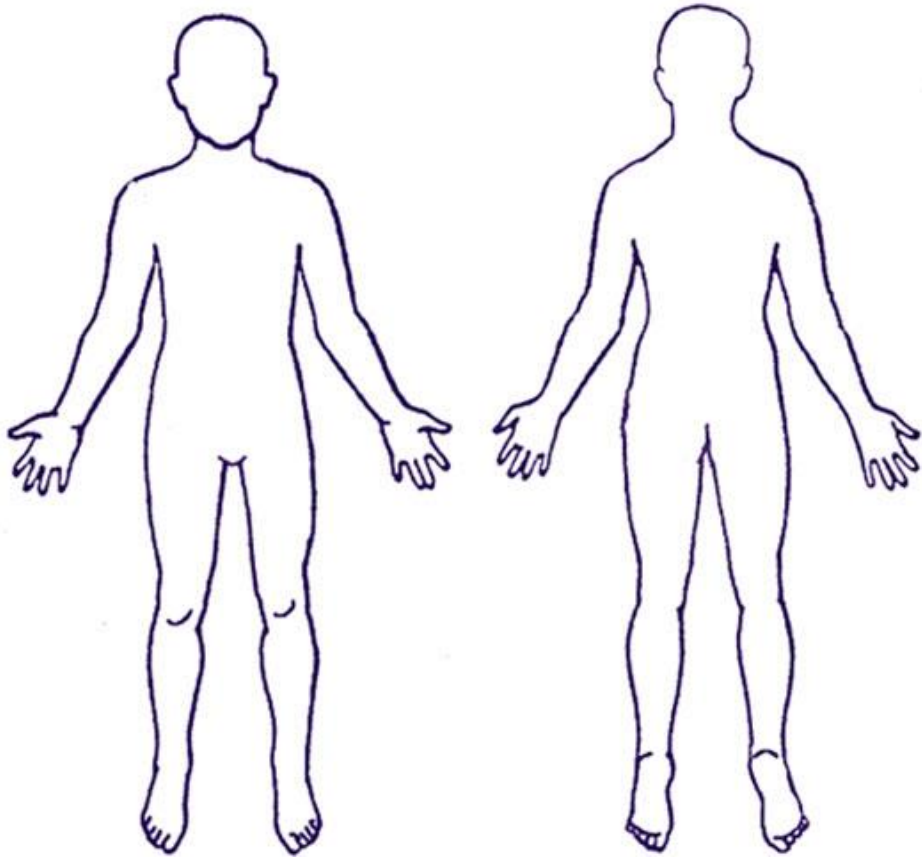
English	Amharic / እንግሊዝኛ
<p>Patient Questionnaire for newly arrived migrants in the UK: Children and Young People</p>	<p>ወደ UK አዲስ ለመጡ ስደተኞች የሚቀርብ የታካሚ መጠየቅ፡- ልጆች እና ወጣት ልጆች</p>
<p>Everyone has a right to register with a GP. You do not need proof of address, immigration status, ID or an NHS number to register with a GP</p> <p>This questionnaire is to collect information about children’s health so that the health professionals at your GP practice can understand what support, treatment and specialist services they may need in accordance with the confidentiality and data sharing policies of the National Health Service.</p> <p><b>Competent young people aged under 18 may complete the adult version for themselves.</b></p> <p>Your GP will not disclose any information you provide for purposes other than your direct care unless: you have consented (e.g. to support medical research); or they are required to do so by law (e.g. to protect other people from serious harm); or because there is an overriding public interest (e.g. you are suffering from a communicable disease). Further information about how your GP will use your information is available from your GP practice.</p> <p>Return your answers to your GP practice.</p>	<p>እያንዳንዱ ሰው በ GP ላይ የመመዘገብ መብት አለው አድራሻን፣ የስደተኝነት ሁኔታን፣ መታወቂያን ወይም በGP ላይ የተመዘገቡበትን የ NHS ቁጥር ማረጋገጫ ማቅረብ አያስፈልግዎትም።</p> <p>ይህ መጠይቅ የሚደረገው የጤና ባለሙያዎች በእርስዎ GP ተግባር አማካይነት ምን ዓይነት እርዳታ፣ ህክምና ለልጆችዎ ሊያስፈልግ እንደሚችል ለመረዳት እና ሚስጥራዊነቱን በጠበቀ መልኩ እና የብሔራዊ የጤና አገልግሎት የመረጃ ማጋራት መምሪያዎችን መሰረት ባደረገ መልኩ ምን ዓይነት የስፔሻሊስት አገልግሎቶች ለልጆችዎ እንደሚያስፈልጉ ለመረዳት እንዲችሉ ስለጤናዎ መረጃን ለመሰብሰብ ነው።</p> <p><b>ተወዳዳሪ የሆኑ ከ 18 ዓመት በታች ያሉት ወጣቶች የአውቂ ሰዎችን ቅጂ ለራሳቸው ሊሞሉ ይችላሉ።</b></p> <p>የእርስዎ GP እርስዎ በቀጥታ ለእርስዎ ከሚሰጠው እንክብካቤ ዓላማዎች ውጪ ማንኛውንም የእርስዎን መረጃዎች አያሳይም፤ ይህ ሊሆን የሚችለው ግን፡ እርስዎን (ለምሳሌ፡- የህክምና ምርመራን ለመርዳት) ተስማምተው ካልሆነ፤ ወይም እነርሱ በሕግ አስገዳጅነት እንዲያደርጉ ተደርገው ካልሆነ (ለምሳሌ፡- ከከፋ ጉዳት ሌሎችን ሰዎች ለመከላከል)፤ ወይም የሕዝብ ፍላጎትን ጨፍልቆ ከሆነ (ለምሳሌ፡- እርስዎን ተላላፊ በሆነ በሽታ እየተሰቃዩ ከሆነ) በስተቀር አይገልጽም። የእርስዎ GP የእርስዎን መረጃ እንዴት እንደሚጠቀም የበለጠ መረጃ ለማግኘት በእርስዎ የ GP ተግባር ላይ ያገኙታል።</p> <p>የእርስዎን መልሶችን በእርስዎ የ GP ተግባር ላይ ይመልሱት።</p>

Person completing	በግል የሚሞላ
Who is completing this form:  <input type="checkbox"/> Child's Parent <input type="checkbox"/> Child's legal guardian/carer	ይህን ቅጽ ሊሞላው የሚገባው:-  <input type="checkbox"/> የልጅ ወላጅ <input type="checkbox"/> የልጅ ሕጋዊ አሳዳጊ/አንክብካቤ ሰጪ
Section one: Personal details	ክፍል አንድ: የግል ዝርዝር መረጃ
Child's full name:	የልጁ ሙሉ ስም:-
Child's date of birth: Date _____ Month _____ Year _____	የልጁ ትውልድ ቀን:- ቀን _____ ወር _____ ዓመት _____
Child's address:	የልጁ አድራሻ:-
Mother's name:	የእናት ስም:-
Father's name:	የአባት ስም:-
Contact telephone number(s):	የሚገኝበት የስልክ ቁጥር (ሮች):-
Email address:	የኢሜይል አድራሻ:-
<b>Please tick all the answer boxes that apply to your child.</b>	<b>እባክዎን ልጅዎን የሚመለከቱትን ሁሉንም የመልስ ሳጥኖች ላይ ምልክት ያድርጉ።</b>

<p>1.1 Which of the following best describes your child:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Prefer not to say</p>	<p>1.1 ከሚከተሉት ውስጥ በጥሩ ሁኔታ የእርስዎን ልጅ የሚገልጸው:-</p> <p><input type="checkbox"/> ወንድ</p> <p><input type="checkbox"/> ሴት</p> <p><input type="checkbox"/> ሌላ</p> <p><input type="checkbox"/> መግለጽ አልፈልግም</p>
<p>1.2 Religion:</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Christian</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Other religion</p> <p><input type="checkbox"/> No religion</p>	<p>1.2 ሃይማኖት:-</p> <p><input type="checkbox"/> የቡድሃ ሃይማኖት ተከታይ</p> <p><input type="checkbox"/> ክርስቲያን</p> <p><input type="checkbox"/> ህንዳዊ</p> <p><input type="checkbox"/> ይሁድነት</p> <p><input type="checkbox"/> ሙስልም</p> <p><input type="checkbox"/> ሲክስ</p> <p><input type="checkbox"/> ሌላ ሃይማኖት</p> <p><input type="checkbox"/> ሃይማኖት የለሽ</p>
<p>1.3 Main spoken language:</p> <p><input type="checkbox"/> Albanian</p> <p><input type="checkbox"/> Arabic</p> <p><input type="checkbox"/> Dari</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Persian</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Tigrinya</p> <p><input type="checkbox"/> Ukrainian</p> <p><input type="checkbox"/> Urdu</p> <p><input type="checkbox"/> Vietnamese</p>	<p>1.3 በዋናነት የሚነገር ቋንቋ:-</p> <p><input type="checkbox"/> አልባኒያኛ</p> <p><input type="checkbox"/> ዓረብኛ</p> <p><input type="checkbox"/> ዳሪ</p> <p><input type="checkbox"/> እንግሊዝኛ</p> <p><input type="checkbox"/> ፓሪሽያኛ</p> <p><input type="checkbox"/> ሌላ</p> <p><input type="checkbox"/> ራሽኛ</p> <p><input type="checkbox"/> ትግሪኛ</p> <p><input type="checkbox"/> ዩክሬይንኛ</p> <p><input type="checkbox"/> ኡርዱ</p> <p><input type="checkbox"/> ቪትናም</p>
<p>1.4 Second spoken language:</p> <p><input type="checkbox"/> Albanian</p> <p><input type="checkbox"/> Arabic</p> <p><input type="checkbox"/> Dari</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Persian</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Tigrinya</p> <p><input type="checkbox"/> Ukrainian</p> <p><input type="checkbox"/> Urdu</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> None</p>	<p>1.4 በሁለተኛ ደረጃ የሚናገሩት ቋንቋ:-</p> <p><input type="checkbox"/> አልባኒያኛ</p> <p><input type="checkbox"/> ዓረብኛ</p> <p><input type="checkbox"/> ዳሪ</p> <p><input type="checkbox"/> እንግሊዝኛ</p> <p><input type="checkbox"/> ፓሪሽያኛ</p> <p><input type="checkbox"/> ሌላ</p> <p><input type="checkbox"/> ራሽኛ</p> <p><input type="checkbox"/> ትግሪኛ</p> <p><input type="checkbox"/> ዩክሬይንኛ</p> <p><input type="checkbox"/> ኡርዱ</p> <p><input type="checkbox"/> ቪትናም</p> <p><input type="checkbox"/> የለም</p>
<p>1.5 Does your child need an interpreter?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>1.5 ልጅዎ አስተርጓሚ ይፈልጋል?</p> <p><input type="checkbox"/> አዎን</p> <p><input type="checkbox"/> አይ</p>
<p>1.6 Does your child need sign language support?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>1.6 ልጅዎ የምልክት ቋንቋ ላይ የሚያግዝ ሰው ይፈልጋል?</p> <p><input type="checkbox"/> አይ</p> <p><input type="checkbox"/> አዎን</p>
<p>1.7 Who lives in the same household as your child now in the UK?</p> <p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Father</p>	<p>1.7 ልጅዎ አሁን በ UK በሚኖርበት ጊዜ ከእርሱ ጋር የሚኖር የቤተሰብ አባል ማን ነው?</p> <p><input type="checkbox"/> እናት</p> <p><input type="checkbox"/> አባት</p>

<input type="checkbox"/> Brother(s) How many? _____ What age(s)? _____ <input type="checkbox"/> Sister(s) <input type="checkbox"/> How many? _____ <input type="checkbox"/> What age(s)? _____ <input type="checkbox"/> Other <input type="checkbox"/> How many? _____	<input type="checkbox"/> ወንድም (ሞቾ) ስንት ናቸው? _____ ዕድሜው ስንት ነው? _____ <input type="checkbox"/> እህት(ቶቾ) <input type="checkbox"/> ስንት ናቸው? _____ <input type="checkbox"/> ዕድሜው ስንት ነው? _____  <input type="checkbox"/> ሌላ <input type="checkbox"/> ስንት ናቸው? _____
1.8 Does your child attend nursery or school?  <input type="checkbox"/> No <input type="checkbox"/> My child is under 2 years of age <input type="checkbox"/> We have applied for a place but have not yet been allocated a nursery/school <input type="checkbox"/> I would like information on where I can get support to apply for a nursery or school place  <input type="checkbox"/> Yes – <i>please give name of nursery or school</i> _____	1.8 ልጅዎ ቅድመ ትምህርት ቤት ወይም ትምህርት ቤት ይሄዳል?  <input type="checkbox"/> አይ <input type="checkbox"/> ልጄ ከ 2 ዓመት በታች ነው <input type="checkbox"/> ቦታ ለማግኘት አመልክተናል ነገር ግን እስከ አሁን የቅመድ ትምህርት ቤት/ትምህርት ቤት ቦታ አልተመደብን <input type="checkbox"/> ለቅድመ ትምህርት ቤት ወይም ለትምህርት ቤት የት ቦታ ማመልከት እንዳለብን እገዛ ከየት ማግኘት እንደምንችል መረጃ ማግኘት እፈልጋለሁ  <input type="checkbox"/> አዎን - እባክዎን የቅድመ ትምህርት ቤት ወይም የትምህርት ቤት ስም ይስጡኝ _____
Section two: Health questions	ክፍል ሁለት:- የጤና ጥያቄዎች
2.1 Do you have any concerns about your child? <input type="checkbox"/> No <input type="checkbox"/> Yes	2.1 ስለ ልጅዎ የሚሰማዎት ስጋት አለብዎት? <input type="checkbox"/> አይ <input type="checkbox"/> አዎን
2.2 Is your child currently unwell or ill? <input type="checkbox"/> No <input type="checkbox"/> Yes	2.2 በአሁኑ ጊዜ ልጅዎ ደኅንነት አይሰማውም ወይም ታማሚ ነው? <input type="checkbox"/> አይ <input type="checkbox"/> አዎን
2.3 Does your child need an urgent help for a health problem? <input type="checkbox"/> No <input type="checkbox"/> Yes	2.3 ልጅዎ ለጤናው ችግር አስቸኳይ ድጋፍ ያስፈልገዋል? <input type="checkbox"/> አይ <input type="checkbox"/> አዎን
2.4 Does your child currently have any of the following symptoms? Please tick all that apply <input type="checkbox"/> Weight loss <input type="checkbox"/> Cough <input type="checkbox"/> Coughing up blood	2.4 በአሁኑ ጊዜ ከሚከተሉት የህመም ምልክቶች ውስጥ ማንኛውም ዓይነት ልጅዎ ላይ ይታያል? እባክዎን ተገቢነት ያላቸው ሁሉ ላይ ምልክት ያድርጉ <input type="checkbox"/> የከብደት መቀነስ <input type="checkbox"/> ሳል <input type="checkbox"/> ደም የተቀላቀለ አክታ

<input type="checkbox"/> Night sweats <input type="checkbox"/> Extreme tiredness <input type="checkbox"/> Breathing problems <input type="checkbox"/> Fevers <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Constipation <input type="checkbox"/> Skin complaints or rashes <input type="checkbox"/> Blood in their urine <input type="checkbox"/> Blood in their stool <input type="checkbox"/> Headache <input type="checkbox"/> Pain <input type="checkbox"/> Low mood <input type="checkbox"/> Anxiety <input type="checkbox"/> Distressing flashbacks or nightmares <input type="checkbox"/> Difficulty sleeping <input type="checkbox"/> Feeling that they want to harm themselves or give up on life <input type="checkbox"/> Other	<input type="checkbox"/> ሌሊት ማላብ <input type="checkbox"/> ከፍተኛ የሆነ የድካም ስሜት <input type="checkbox"/> የመተንፈስ ችግሮች <input type="checkbox"/> ትኩሳት <input type="checkbox"/> ተቅማጥ <input type="checkbox"/> ሆድ ድርቀት <input type="checkbox"/> የቆዳ መቆጣት ወይም ሽፍታዎች <input type="checkbox"/> ሽንታቸው ውስጥ ደም መቀላቀል <input type="checkbox"/> ሰገራቸው ውስጥ ደም መቀላቀል <input type="checkbox"/> የራስ ምታት <input type="checkbox"/> ህመም <input type="checkbox"/> የስሜት መቀዛቀዝ <input type="checkbox"/> የጭንቀት ስሜት <input type="checkbox"/> ከጫና የሚመጣ ምላሽ ወይም የሌሊት የህልምቅዠት <input type="checkbox"/> መተኛት አለመቻል <input type="checkbox"/> ራሳቸው መጉዳት የመፈለግ ወይም በሕይወት ላይ ተስፋ የመቁረጥ ስሜት መስማት <input type="checkbox"/> ሌላ
<p>2.5 Please mark on the body image the area(s) where they are experiencing their current health problem(s)</p>	<p>2.5 እባክዎን በአሁኑ ጊዜ የጤና ችግር (ሮች) እየገጠማቸው ያለበትን ቦታ (ዎች) ላይ በሰውነት ምስል ላይ ምልክት ያድርጉ</p>



<p>2.6 Was your child born prematurely (delivered early – before 37 weeks/8.5 months of pregnancy)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.6 ልጅዎ የተወለደው ወሩን ሳይሞላ (ቀደም ብሎ የተወለደ - ከ 37 ሳምንታት በፊት/በ8.5 ወራ የእርግዘና ጊዜ) ነው?</p> <p><input type="checkbox"/> አይ <input type="checkbox"/> አዎን</p>
<p>2.7 Did your child have any health problems soon after delivery e.g. breathing problems, infection, brain injury?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.7 ልጅዎ እንደተወለደ ወዲያውኑ አጋጥሞት የነበረ የጤና ችግር ለምሳሌ፡- የአተነፋፊስ ችግር፣ ኢንፎክሽን፣ የአእምሮ ጉዳት ነበር?</p> <p><input type="checkbox"/> አይ <input type="checkbox"/> አዎን</p>
<p><b>2.8 New babies only (up to 3 months old):</b> Has your child had a 6-8 week post delivery health check by a GP (doctor)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.8 አሁን የተወለዱ ጭቅላ ሕጻናት (እስከ 3 ወራት ዕድሜ ያላቸው)፡- ልጅዎ ከተወለደ በኋላ ከ 6-8 ሳምንታት ያህል በ GP (ሃኪም) ምርመራ ነበረው?</p> <p><input type="checkbox"/> አይ <input type="checkbox"/> አዎን</p>
<p>2.9 Does your child have any known health problems?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.9 ልጅዎ የታወቀ የጤና ችግሮችን አለበት?</p> <p><input type="checkbox"/> አይ <input type="checkbox"/> አዎን</p>
<p>2.10 Does your child have any of the following? Please tick all that apply</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> Blood disorder     <input type="checkbox"/> Sickle cell anaemia     <input type="checkbox"/> Thalassaemia <input type="checkbox"/> Cancer <input type="checkbox"/> Dental problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Eye problems <input type="checkbox"/> Ears, nose or throat <input type="checkbox"/> Heart problems <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> HIV <input type="checkbox"/> Kidney problems <input type="checkbox"/> Liver problems <input type="checkbox"/> Mental health problems     <input type="checkbox"/> Low mood/depression     <input type="checkbox"/> Anxiety     <input type="checkbox"/> Post-traumatic stress disorder (PTSD)     <input type="checkbox"/> Previously self-harmed     <input type="checkbox"/> Attempted suicide</p>	<p>2.10 በአሁኑ ጊዜ ከሚከተሉት ውስጥ ማንኛውም ዓይነት ልጅዎ ላይ ይታያል? እባክዎን ተገቢነት ያላቸው ሁሉ ላይ ምልክት ያድርጉ</p> <p><input type="checkbox"/> አስም <input type="checkbox"/> የደም መዛባት     <input type="checkbox"/> የደም ማነስ     <input type="checkbox"/> የቀይ የደም ሴል ማነስ ችግር <input type="checkbox"/> ካንሰር <input type="checkbox"/> የጥርስ ችግሮች <input type="checkbox"/> የስኳር ህመም <input type="checkbox"/> የሚጥል በሽታ <input type="checkbox"/> የዓይን ችግሮች <input type="checkbox"/> የጆሮዎች፣ አፍንጫ ወይም ጉርሮ <input type="checkbox"/> የልብ ችግሮች <input type="checkbox"/> የሄፕላይቲስ ቢ <input type="checkbox"/> ሄፕላይቲስ ሲ <input type="checkbox"/> ኤችአይቭ <input type="checkbox"/> የኩላሊት ችግሮች <input type="checkbox"/> የጉበት ችግሮች <input type="checkbox"/> የአእምሮ ጤና ችግሮች     <input type="checkbox"/> የስሜት መቀዛቀዝ/ጭንቀት     <input type="checkbox"/> የጭንቀት ስሜት     <input type="checkbox"/> ድኅረ- የሰቀቀን ጭንቀት መዛባት (PTSD)</p>

<input type="checkbox"/> Other <input type="checkbox"/> Skin disease <input type="checkbox"/> Thyroid disease <input type="checkbox"/> Tuberculosis (TB) <input type="checkbox"/> Other	<input type="checkbox"/> ቀደም ብሎ ያለ ራስን መጉዳት <input type="checkbox"/> ራስን ለማጥፋት የተደረገ ሙከራ <input type="checkbox"/> ሌላ <input type="checkbox"/> የቆዳ በሽታ <input type="checkbox"/> የታይሮይድ በሽታ <input type="checkbox"/> የሳንባ ነቀርሳ (ቲቢ) <input type="checkbox"/> ሌላ
2.11 Has your child ever had any operations / surgery? <input type="checkbox"/> No <input type="checkbox"/> Yes	2.11 ልጅዎ ቀዶ ጥገና ህክምናዎችን/ሰርጅሪ አድርጎ ያውቃል? <input type="checkbox"/> አይ <input type="checkbox"/> አዎን
2.12 Does your child have any physical injuries due to war, conflict or torture? <input type="checkbox"/> No <input type="checkbox"/> Yes	2.12 ልጅዎ ከጦርነት፣ ከግጭት ወይም ታስሮ ከመሰቃየት የተነሳ ማንኛውም አካላዊ ጉዳት አለበት? <input type="checkbox"/> አይ <input type="checkbox"/> አዎን
2.13 Does your child have any mental health problems? These could be from war, conflict, torture or being forced to flee your country? <input type="checkbox"/> No <input type="checkbox"/> Yes	2.13 ልጅዎ የታወቀ የአእምሮ የጤና ችግሮችን አለበት? ይህ ከጦርነት፣ ከግጭት፣ ታስሮ ከመሰቃየት ወይም አገርዎን ለቀው እንዲሰደዱ ከማስገደድ የተነሳ ሊሆን ይችላል? <input type="checkbox"/> አይ <input type="checkbox"/> አዎን
2.14 Does your child have any physical disabilities or mobility difficulties? <input type="checkbox"/> No <input type="checkbox"/> Yes	2.14 ልጅዎ ላይ ማንኛውም የአካል ጉዳተኛነት ወይም የመንቀሳቀስ ችግሮች አለብዎት? <input type="checkbox"/> አይ <input type="checkbox"/> አዎን
2.15 Does your child have any sensory impairments? Please tick all that apply <input type="checkbox"/> No <input type="checkbox"/> Blindness <input type="checkbox"/> Partial sight loss <input type="checkbox"/> Full hearing loss <input type="checkbox"/> Partial hearing loss <input type="checkbox"/> Smell and/or taste problems	2.15 ልጅዎ ማንኛውም ስሜት የማጣት ችግሮች አሉበት? እባክዎን ተገቢነት ያላቸው ሁሉ ላይ ምልክት ያድርጉ <input type="checkbox"/> አይ <input type="checkbox"/> ዕውርነት <input type="checkbox"/> በከፊል አለማየት <input type="checkbox"/> ሙሉ በሙሉ መስማት አለመቻል <input type="checkbox"/> በከፊል መስማት አለመቻል <input type="checkbox"/> ማሽተት እና/ወይም የመቅመስ ችግሮች
2.16 Do you think your child has any learning difficulties or behaviour problems? <input type="checkbox"/> No <input type="checkbox"/> Yes	2.16 ልጅዎ መማር አለመቻል ችግሮች ወይም የባሕርይ ችግሮች አለበት ብለው ያስባሉ? <input type="checkbox"/> አይ <input type="checkbox"/> አዎን
2.17 Do you have any concerns about your child's growth e.g. their weight/height? <input type="checkbox"/> No <input type="checkbox"/> Yes	2.17 ስለ ልጅዎ ዕድገት ለምሳሌ፡- ስለ ከብደታቸው/ቁመታቸው ማንኛውም ስጋት አለብዎት? <input type="checkbox"/> አይ <input type="checkbox"/> አዎን

<p>2.18 <b>Babies only:</b> Is your child experiencing any feeding problems e.g. vomiting, reflux, refusing milk?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.18 ለጨቅላ ሕጻናት ብቻ፡- ልጅዎ እየጋጠመው ያለ የአመጋገብ ችግሮች፣ ለምሳሌ፡- የማስታወክ፣ መትፋት፣ ወተት አለመጠጣት ችግሮች አሉብት?</p> <p><input type="checkbox"/> አይ <input type="checkbox"/> አዎን</p>								
<p>2.19 Has a member of your child's immediate family (father, mother, siblings, and grandparents) had or suffered from any of the following?</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Depression/Mental health illness <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart attack <input type="checkbox"/> Hepatitis B <input type="checkbox"/> High blood pressure <input type="checkbox"/> HIV <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Stroke <input type="checkbox"/> Tuberculosis (TB) <input type="checkbox"/> Other</p>	<p>2.19 የልጅዎ የቅርብ የቤተሰብ አባላት (አባት፣ እናት፣ ወንድሞች እና እህቶች፣ እንዲሁም አያቶች) ከሚከተሉት መካከል የትኛው በሽታ ኖሮባቸው ወይም ተሰቃይተውበት ያውቃሉ?</p> <p><input type="checkbox"/> አስም <input type="checkbox"/> ካንሰር <input type="checkbox"/> ጭንቀት/የአእምሮ ጤና መታወክ ህመም <input type="checkbox"/> የስኳር ህመም <input type="checkbox"/> የልብ ህመም <input type="checkbox"/> የሄፕታይቲስ ቢ <input type="checkbox"/> ከፍተኛ የደም ግፊት <input type="checkbox"/> ኤችአይቭ <input type="checkbox"/> መማር ያለመቻል ችግሮች <input type="checkbox"/> በደም ግፊት ራስን መሳት <input type="checkbox"/> የሳንባ ነቀርሳ (ቲቢ) <input type="checkbox"/> ሌላ</p>								
<p>2.20 Is your child on any prescribed medicines?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes –please list your child's prescribed medicines and doses in the box below</p> <p><b>Please bring any prescriptions or medicines to your child's appointment</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Dose</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> </tr> </tbody> </table>	Name	Dose			<p>2.20 ልጅ በሃኪም የታዘዘለት መድኃኒቶች አሉት?</p> <p><input type="checkbox"/> አይ <input type="checkbox"/> አዎን - እባክዎን ለልጅዎ የታዘዘለትን መድኃኒቶች እና መጠናቸው ከዚህ በታች ባለው ሳፕን ውስጥ ይግለጹ</p> <p><b>እባክዎን ማንኛውንም ሃኪም ለልጅዎ ያዘዘውን ወይም መድኃኒቶችን ለቀጠሮ ሲመጡ ይዘው ይምጡ</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">ስም</th> <th style="width: 50%;">መጠን</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> </tr> </tbody> </table>	ስም	መጠን		
Name	Dose								
ስም	መጠን								



<p>2.21 Are you worried about running out of any these medicines in the next few weeks?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.21 በቀጣይ ጥቅት ሳምንታት ውስጥ እነዚህን መድኃኒቶች ያልቁብኛ ብለው አሳስብዎት ያውቃል</p> <p><input type="checkbox"/> አይ <input type="checkbox"/> አዎን</p>								
<p>2.22 Does your child take any medicines that have not been prescribed by a health professional e.g medicines you have bought at a pharmacy/shop/on the internet or had delivered from overseas?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes –please list medicines and doses in the box below</p> <p><b>Please bring any medicines to your child's appointment</b></p> <table border="1" data-bbox="151 929 774 1377"> <thead> <tr> <th>Name</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Dose			<p>2.22 በጤና ባለሙያ ያልታዘዘለትን ማንኛውንም ልጅዎ የሚወስደው መድኃኒቶች ለምሳሌ:- ከመድኃኒት መደብር/ሱቅ/ከኢንተርኔት ቀጥታ መስመር የገዙት ወይም ከውጪ አገር የሚመጣለት መድኃኒቶች አሉ?</p> <p><input type="checkbox"/> አይ <input type="checkbox"/> አዎን - እባክዎን መድኃኒቶቹን እና መጠናቸውን ከዚህ ቢታች ባለው ሳጥን ውስጥ ይዘርዝሯቸው</p> <p><b>እባክዎን ማንኛውንም ሃኪም ለልጅዎ ያዘዘውን መድኃኒቶችን ለቀጠሮ ሲመጡ ይዘው ይምጡ</b></p> <table border="1" data-bbox="821 907 1460 1355"> <thead> <tr> <th>ስም</th> <th>መጠን</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	ስም	መጠን		
Name	Dose								
ስም	መጠን								
<p>2.23 Does your child have allergy to any medicines?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.23 ልጅዎ ለማንኛውም መድኃኒቶች አለርጂ አለበት?</p> <p><input type="checkbox"/> አይ <input type="checkbox"/> አዎን</p>								
<p>2.24 Does your child have allergy to anything else? (e.g. food, insect stings, latex gloves)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.24 ልጅዎ ሌላ ለማንኛውም ነገር ላይ አለርጂ አለበት? (ለምሳሌ:- ምግብ፣ በነፍሳት በመነደፍ፣ በላሰቲክ የእጅ ጓንቶች)?</p> <p><input type="checkbox"/> አይ <input type="checkbox"/> አዎን</p>								

<p>Section three: Vaccinations</p>	<p>ክፍል ሦስት፡- ክትባቶች</p>
<p>3.1 Has your child had all the childhood vaccinations offered in their country of origin for their age?  <b>If you have a record of your vaccination history, please bring this to your appointment.</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> I don't know</p>	<p>3.1 ልጅዎ ለዕድሜው የሚሰጠውን ክትባቶችን በሙሉ በትውልድ አገሩ የልጅነት ጊዜ ክትባቶችን በሙሉ ወስዷል?  <b>መከተብዎን የሚያሳይ የጽሑፍ ማስረጃዎች ካልዎት፣ እባክዎን ይህን በቀጠሮዎ ቀን ይዘው ይምጡ።</b></p> <p><input type="checkbox"/> አይ  <input type="checkbox"/> አዎን  <input type="checkbox"/> አላውቅም</p>
<p>3.2 Has your child been vaccinated against Tuberculosis (TB)?</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> I don't know</p>	<p>3.2 ልጅዎ ለሳንባ ነቀርሳ (ቲቢ) ክትባት ተከትቦ ያውቃል?</p> <p><input type="checkbox"/> አይ  <input type="checkbox"/> አዎን  <input type="checkbox"/> አላውቅም</p>
<p>3.3 Has your child been vaccinated against COVID-19?</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> 1 dose  <input type="checkbox"/> 2 doses  <input type="checkbox"/> 3 doses  <input type="checkbox"/> More than 3 doses  <input type="checkbox"/> I don't know</p>	<p>3.3 ልጅዎ ለኮቪድ-19 ክትባት ተከትቦ ያውቃል?</p> <p><input type="checkbox"/> አይ  <input type="checkbox"/> አዎን</p> <p><input type="checkbox"/> 1 ዙር  <input type="checkbox"/> 2 ዙር  <input type="checkbox"/> 3 ዙር  <input type="checkbox"/> ከ 3 ዙር በላይ  <input type="checkbox"/> አላውቅም</p>
<p>If there is something relating to your child's health that you do not feel comfortable sharing in this form and you would like to discuss it with a doctor, please call your GP and book an appointment</p>	<p>በዚህ ቅጽ ላይ ለማጋራት ምቹነት የማይሰጥዎት ክልጅዎት የጤና ሁኔታ ጋር የተያያዘ ነገር ካለ እና ከሃኪም ጋር ለመወያየት የሚፈልጉ ከሆነ፣ እባክዎን ወደ GP ይደውሉ እና ቀጠሮ ያስይዙ።</p>