

NEW PATIENT QUESTIONNAIRE (FOR CHILDREN UP TO 16Y)

FIRST NAME:		SURNAME:	
DATE OF BIRTH:		GENDER:	M <input type="checkbox"/> F <input type="checkbox"/>
ADDRESS:	WHO ELSE LIVES IN THIS HOUSEHOLD? (please tick all those that apply)		
Postcode:	Mum <input type="checkbox"/> Dad <input type="checkbox"/> Step Parent <input type="checkbox"/> Parent's partner <input type="checkbox"/> Grandparents <input type="checkbox"/> Brothers and Sisters <input type="checkbox"/> Foster Carer <input type="checkbox"/> Guardian <input type="checkbox"/>		
SIBLINGS NAMES:			
HOME TEL:		MOBILE TEL:	
EMAIL ADDRESS:			
WHO DO THESE DETAILS BELONG TO: eg mum, dad etc.			
WHO HAS PARENTAL RESPONSIBILITY FOR THIS CHILD? Please tell us their name, contact details (if not given above) and their relationship to the child.			
PREVIOUS ADDRESS		PREVIOUS GP'S NAME & ADDRESS	

HEALTH HISTORY

HAS YOUR CHILD HAD ANY SERIOUS ILLNESSES OR OPERATIONS?

YES NO

If Yes, what was this and when?

DOES YOUR CHILD HAVE A DISABILITY OR CHRONIC CONDITION?

YES NO

MEDICATION

IS YOUR CHILD ON ANY REGULAR MEDICATION?

YES NO

If yes, please tell us the name and dose: (if you have a list from your previous GP please give us a copy)

(Please note you may need to see the doctor for a first repeat prescription to be issued)

IS YOUR CHILD ALLERGIC TO ANY MEDICATION?

YES NO

Which school or nursery does your child attend?

Does your child have contact with any of the following? (if so please can you tell us their names)

A Hospital Specialist

A Health Visitor

A Social Worker

Any other Health Professional

Has your child ever been under a Child Protection Plan?

YES NO

It is important that your child's immunisations are kept up to date. A current photocopy of the immunisation history will help us to maintain their immunisation record; we can take a photocopy of this at reception. If this is not available then please list below.

IMMUNISATIONS	DATE GIVEN
1 st Diphtheria, Tetanus, Whooping Cough, Polio, Hib and Hepatitis B Age 8 weeks / 2 months	
2 nd Diphtheria, Tetanus, Whooping Cough, Polio, Hib and Hepatitis B Age 12 weeks / 3 months	
3 rd Diphtheria, Tetanus, Whooping Cough, Polio, Hib and Hepatitis B Age 16 weeks / 4 months	
1 st Pneumococcal Age 12 weeks / 3 months	
2 nd Pneumococcal Age 1 year	
1 st Rotavirus Age 8 weeks / 2 months	
2 nd Rotavirus Age 12 weeks / 3 months	
1 st Meningitis B Age 8 weeks / 2 months	
2 nd Meningitis B Age 16 weeks / 4 months	
3 rd Meningitis B Age 1 year	
Hib/Men C Age 1 year	
1 st MMR Age 1 year	
2 nd MMR Age 3 years 4 months +	
Booster (4 th) Diphtheria, Tetanus, Whooping Cough and Polio Age 3 years 4 months +	
HPV for Boys and Girls Age 12-13	
Booster (5 th) Tetanus, Diphtheria and Whooping Cough School Year 9	
Meningitis ACWY School Year 9	

IMPORTANT:

All the information given to the Practice as part of this form will be treated as Confidential. However to give your child the very best health care, we work closely with the Health Visiting and School Nursing Service. It is therefore normal practice to share details of all children registering with the Practice with our NHS colleagues in Health Visiting and School Nursing.

If you would prefer that we **DO NOT** do this could you tick here.

ETHNICITY & LANGUAGE QUESTIONNAIRE

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity, to support your health care.

NAME.....D.O.B.....

What is your main language?

Do you need an interpreter or sign language support? Yes No

In order to help provide the best possible care for patients with specific needs, our local Primary Care Trust has asked us to obtain details of your ethnicity. This information is entirely confidential. If you would prefer not to give it, please indicate below

British White	
Irish White	
Other White	
Mixed Race: White & Black Caribbean	
White & Black African	
White & Asian	
Other Mixed Race	
Indian	
Pakistani	
Bangladeshi	
Other Asian	
Sri Lankan	
Korean	
Black Caribbean	
Black African	
Other Black	
Chinese	
Other Ethnic Category	
I would prefer not to state my ethnicity	