



New Patient Questionnaire – Child under 18

As your child is a new patient to the Practice it would be helpful if you could give us the following information. **Please bring the child’s RED BOOK when you register your child.** All information on this form will be kept confidential.

PERSONAL DETAILS

Name Date of Birth
Address Male / Female
..... NHS number
..... Postcode
Contact details Mobile
 Home telephone
 Work / Other
 Email

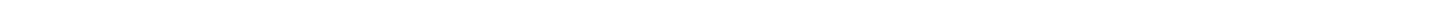
We are constantly working towards improving services to our patients. As part of this process we are introducing SMS text messaging or email as added choices of patient contact.

If you wish not to participate in such method of communication please inform reception to complete an OPT OUT SMA/EMAIL messaging services form.



FAMILY DETAILS

Mother’s Name
Telephone number.....
Address Details (if different from child)
Father’s Name
Telephone number.....
Address Details (if different from child).....
Who has parental responsibility? (Please circle one or both if applicable) Mother Father
Someone else (please state name and relationship to child).....



Next of Kin (Emergency Contact- if different from above)

Name:.....
Address:.....
Telephone (Home):.....Telephone (Work):.....Telephone (Mobile):.....

What is the child's main or first spoken language? (One spoken predominantly at home)

.....

What is their ethnicity?

White	White British	
	Other White	
Mixed/Multiple Ethnic groups	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any other Mixed / Multiple Ethnic background	
Asian/Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Chinese	
	Any other Asian background	
Black/African/Caribbean/Black British	Black African	
	Black Caribbean	
	Any other Black background (Black/African/Caribbean background)	
Other ethnic group	Any other ethnic group including Arab	

Please list all the people (children and adults) that share the house with the child and their relationship to the child

NAME OF PERSON	ADULT OR CHILD (UNDER 18)	RELATIONSHIP TO CHILD	ARE THEY REGISTERED AT THIS PRACTICE?
		MOTHER	YES / NO
		FATHER	YES / NO
		SIBLING	YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO

RELEVANT MEDICAL HISTORY

Is your child on any medication at present?	
Is your child allergic to anything? If yes, what reaction did your child have and when? IF COMPLETED PASS TO GP FOR CODING ONTO ELECTRONIC RECORD	
Has your child had any operations or serious illness?	
FAMILY HISTORY- has any member of your child's close family (parents, brothers, sisters, grandparents, aunts, uncles) had any of the following illnesses? (Please circle the answer) Please provide details	
Heart Disease (over 60 years of age)	Yes / No / Don't know
Heart Disease (under 60 years of age)	Yes / No / Don't know
High blood pressure	Yes / No / Don't know
Stroke	Yes / No / Don't know
Diabetes	Yes / No / Don't know
Asthma	Yes / No / Don't know
Cancer	Yes / No / Don't know
Depression/Mental Health Illness	Yes / No / Don't know

IMMUNISATIONS

If you don't have your child's red book please bring the dates of all their immunisations with you

OTHER INFORMATION

Is your child home-schooled? Yes / No

Name of Child's Current School

Name of previous schools (if any)

Name of Health Visitor/School Nurse (if known)

Has your child ever been allocated a social worker or FNP? Yes / No. If yes, when?

Has your child ever been the subject of a Child Protection Plan? Yes / No. If yes, when?

Has your child ever been a "Looked After" child (i.e. in Foster Care or in a Children's Home)? Yes / No

Please detail any special need's your child may have so the Practice can ensure they are identified and accommodated by taking the appropriate action. Please state below.

Please state any sensory impairment your child has i.e. visual, hearing, sight	
Please state any physical disabilities your child has	
Please state any mental disabilities your child has	
Please state any requirements your child has to be able to access the surgery	
Please state any religious or cultural needs	
Please state any specific nutritional requirements your child may have	

