SOTHALL MEDICAL CENTRE
NEW PATIENT HEALTH QUESTIONNAIRE FOR CHILDREN AGED 5-16

Now that you have requested to register your family with this practice, we would like you to provide us with some information to help us give you better health care. You are invited to make an appointment for a new patient health check for your child. This involves a brief consultation with the nurse about their health. Please ask the receptionist if you are interested. The information on this form is strictly confidential. Please complete it as fully as you can, thank you.

Proof of identity is required when registering at this Practice. Please bring your child's birth certificate with your completed questionnaire, thank you.

CHILD'S NAME……………………………………………………………...**DATE OF BIRTH**………………………………

ADDRESS…………………………………………………………………… **POSTCODE**…………………………………….

TELEPHONE NO……………………………………………………………. **DATE COMPLETED**………………………….

PREVIOUS DOCTOR………

Past illnesses, accidents or operations: (continue overleaf if necessary)

Month & year | Hospital | Illness/accident/operation

Current medical problems: Anything they are seeing a doctor or hospital for at the moment

Current medication: Please list all tablets and medicines that they are taking regularly overleaf

Is he/she allergic to any medicines?

Family History: Has either of the child's parents or brothers or sisters had any of the following: (please circle)

Cancer | Heart attack or angina | Stroke | Diabetes | Blood pressure
High cholesterol | Asthma

Smoking, Alcohol and Weight

Has either parent regularly smoked cigarettes?	Y/N	If you still do, how many?
Has either parent ever smoked cigars or a pipe?	Y/N	If you still do, how much?
If either parent no longer smoke, when did they stop?	(year)	How much did each parent smoke?

Immunisation: Please give dates of the last dose of the following immunisations:

Tetanus:	Diphtheria
Polio:	Whooping Cough:
Measles/MMR:	Other vaccinations:

Ethnicity

I would describe my child's ethnic origin as follows:

Asian or Asian British
- ❑ Bangladeshi
- ❑ Indian
- ❑ Pakistani
- ❑ Any other Asian background
- ❑ I do not wish to disclose my ethnic origin

Mixed
- ❑ White & Asian
- ❑ White & Black Caribbean
- ❑ White & Black African
- ❑ Any other mixed background

Other Ethnic Group
- ❑ Chinese
- ❑ Any other ethnic group

Black or Black British
- ❑ African
- ❑ Caribbean
- ❑ Any other Black background

White
- ❑ British
- ❑ Irish
- ❑ Any other White background

UNTIL WE RECEIVE THIS COMPLETED QUESTIONNAIRE YOUR CHILD WILL NOT BE REGISTERED WITH THIS PRACTICE

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Office Use Only

Proof of Identity provided: Birth Certificate ❑

Informed of accountable GP ❑ Staff signature……………………………………….. Date …………………….