

NEW PATIENT REGISTRATION QUESTIONNAIRE 0- 14 YEARS

DATE.....

GENERAL

SURNAME:	FORENAME:
Date of Birth:	Title:
Address:	Postcode:
Tel:	

What is your Ethnic Group? Please tick the appropriate box to indicate your cultural background.

White	Asian/Asian British	Black/Black British
Scottish <input type="checkbox"/> English <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>
Irish <input type="checkbox"/> Welsh <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>
Mixed	Bangladeshi <input type="checkbox"/>	
White/Black Caribbean <input type="checkbox"/>	Chinese/other ethnic group	
White/Black African <input type="checkbox"/>	Chinese <input type="checkbox"/>	
White/Asian <input type="checkbox"/>		

Any other please write in

IMMUNISATION STATUS *Please fill in **dates** of last immunisation for: (< 6 YEARS)*

1 ST DTP/HIB/POLIO/MEN-C	DATE:
2 ND DTP/HIB/POLIO/MEN-C	DATE:
3 RD DTP/HIB/POLIO/MEN-C	DATE:
MMR	DATE:
PRE-SCHOOL	DATE:

(6- 14 YEARS)

TETANUS	DATE:
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DRUG ALLERGIES *Please state any known drug allergies:*

OTHER ALLERGIES *Please state any known allergies;*

Chronological order of any serious illness or hospital admissions in last few years:

DATE	MAJOR DISEASES	PROBLEM

MEDICAL HISTORY

DIABETES	YES/NO *
ASTHMA	YES/NO *
EPILEPSY	YES/NO *

REPEAT MEDICATION/ONGOING MEDICAL ISSUES YES/NO

- If YES please contact the surgery to arrange a New Patient Health Check with the GP
- If NO please contact the surgery to arrange a New Patient Health Check with the Health Care Assistant.

P.T.O.

CARERS

A carer is an individual irrespective of age, who provide or supervise a substantial amount of care on a regular basis of a child, relative, partner or neighbour who is unable to manage on their own due to illness, disability, frailty, mental distress or impairment.

Are you a carer **YES/NO**

CHECKLIST

Coded on Computer