

**NEW PATIENT QUESTIONNAIRE – UNDER 16 YEARS**

Name ..... Date of Birth .....

Address ..... Telephone Number .....

..... Contact Number .....

..... (If different from above)

Name of Parent/Guardian .....

**Next of Kin contact details**

Name .....

Address ..... Telephone Number .....

..... Contact Number .....

..... (If different from above)

Which ethnic group do you belong to? – You are not obliged to complete this section

Please ✓ as appropriate

- White     Chinese     Indian     Bangladeshi
- Pakistani     Black-African     Black Caribbean     Other please state .....
- I do not wish to give this information

**Medical History**

Previous Serious Illnesses	Operations and dates
.....	.....
.....	.....
.....	.....
.....	.....

**Drug Allergies**

.....

.....

**Present regular medication (please list name, strength and how often taken)**

Name	Strength	How Often
.....	.....	.....
.....	.....	.....

**ADDITIONAL INFORMATION REQUIRED – PELASE SEE OVERLEAF**

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**Smoking Habits (for over 14 years only)**

Smoker  Number of cigarettes/cigars per day .....  Non-Smoker

Stopping smoking can make a big difference to your health

Smoking Cessation advice is available from the GP, Practice Nurse or your Local Pharmacy

**Immunisations (must be completed)**

Immunisation	Age Normally Given	Date of Immunisation	
Diphtheria, tetanus, whooping cough, polio, Hib	2 months	1 <sup>st</sup> dose	.....
	3 months	2 <sup>nd</sup> dose	.....
	4 months	3 <sup>rd</sup> dose	.....
Meningitis C	2 months	1 <sup>st</sup> dose	.....
	3 months	2 <sup>nd</sup> dose	.....
	4 months	3 <sup>rd</sup> dose	.....
MMR	13-18 months		.....
Booster dose Diphtheria, tetanus, polio, MMR	4-5 years		.....
Other immunisations (please list below)			
Immunisation	Date	Immunisation	Date
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Sharing Information with Others**

Sometimes it is useful to share health information with the local hospitals or with GMED. Would it be acceptable for us to share information about your son/daughter just when it is absolutely necessary? **YES / NO**

Do you give consent for us to contact you via text messages on the mobile number you provided? **YES / NO**

**Date form completed** .....