**New Patient Health Questionnaire**

**0 - 15 years**

Welcome to Alconbury and Brampton Practice. It may take a while for your records to reach us. Please answer the questions below as this helps us plan your care before your records arrive. Staff are happy to help if you need assistance answering the questions. Please complete **ONE** form using **BLACK INK** for each family member.

**General Information**

Surname: Title: Master/Miss/Other …………..

First Names: Preferred Name:

Home Telephone No: Mobile No:

Can we contact you by:

Home phone number: **Yes 🞏 No 🞏** Mobile phone number: **Yes 🞏 No 🞏** Letter home **Yes 🞏 No 🞏**

**Please confirm if consent to allowing the Surgery to send text reminders for appointments: Yes 🞏 No 🞏**

Place of Birth: Name of School / College:

Named adult with parental responsibility / next of Kin:

Relationship to Next of Kin: Contact Number:

Religion:

I give permission for …………………………………………who has parental responsibility ……………………………. (please state relationship) to be given details of:

Next of kin: Yes 🞏 No 🞏 Emergency contact: Yes 🞏 No 🞏 Can discuss Medical Record: Yes 🞏 No 🞏

All information Yes 🞏 No 🞏 Signed………………………………………..……………..… …**Date**: ……………

Siblings (Name and age of brothers / sisters) – please list below

…………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………

**Lifestyle**

Height: Weight:

Do you smoke / vape: **Yes 🞏 No 🞏**

Do you consider your diet to be healthy? Eg Low fat, high fibre **Yes 🞏 No 🞏**

Do you exercise? **Yes 🞏 No 🞏** If yes, please describe activity, frequency and duration

**Female Patients Only**

Have you ever been pregnant? **Yes 🞏 No 🞏** If yes, please give details of pregnancies including dates and outcome (normal delivery, miscarriage etc)

Have you had a contraceptive coil / implant fitted? **Yes 🞏 No 🞏** If yes, please give details / date of fitting:

|  |  |
| --- | --- |
| Heron Logo | Alconbury & Brampton Surgeries  **Alconbury Surgery, School Lane, Alconbury, Huntingdon, Cambs, PE28 4EQ Tel 01480 890281**  **Brampton Surgery, 69 Miller Way, Brampton, Huntingdon, Cambs. PE28 4RU Tel 01480 454050**  **Email:** [cpicb.genericalconburybramptonsurgeries@nhs.net](mailto:cpicb.genericalconburybramptonsurgeries@nhs.net) |

**Dr D P Outram Dr M Bhimpuria Dr S Patel Dr L Thompson Dr D P Rea   
Dr E Kiseleva Dr F Bhatt Dr SJ Pollock Dr R Parekh Dr P Verma   
Dr B Uszycka Dr K Davidson**

**Melanie Gearing – Practice Manager**

Dear Parent,

**Named GP**

Your child is free to see whichever Doctor you choose within the Practice. Following your registration at the Surgery, you will be registered with: **Dr R Parekh or Dr K Davidson.**

If you have a preference to change your Doctor, please let Reception know and we will change your electronic medical records accordingly. We would like to emphasise that you do not need to see or speak to your usual Doctor in person. You are able to see or speak to any of the Doctors in the Practice in the usual way.

Yours faithfully,

Melanie Gearing

Practice Manager