Holyhead Primary Healthcare Centre

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NHS
Sandwell and West Birmingham
Clinical Commissioning Group

New Patient Questionnaire for Child under 18

Please complete in **BLOCK CAPITALS** and tick the boxes as appropriate.

Name …… Date of Birth ……...

Mother's Name …… Tel No ……

Address Details (if different from Childs) ……...

Father's Name ……... Tel No ……

Address Details (if different from Childs) ……...

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) ……...

OTHER INFORMATION:

If your child is under 1 year of age: were they premature? Yes / No

Is your child home – schooled? Yes / No If No, which school do they attend? ……

Name of previous schools (if any): ……...

Has your child ever been suspended (fixed-term exclusion) or permanently excluded from school? Yes / No

Name of Health Visitor / School Nurse / Family Support Worker ……

Is your child currently, or ever been, the subject of a Child Protection Plan or a Child in Need Plan? Yes / No

If yes, when ……

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

Is your child adopted? Yes / No

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HOUSING:

What type of house does the child live in? (Please circle)

Privately owned Council owned House of flat (If flat which floor?) ……

Are there any housing problems? e.g. overcrowding, damp ……...

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

NAME OF PERSON	ADULT or CHILD (Please give age if under 18)	RELATIONSHIP TO CHILD	ARE TEY REGISTERED AT THIS PRACTICE?
		MOTHER	YES / NO
		FATHER	YES / NO
		BROTHER / SISTER	YES / NO

Thank you for completing this form

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