

GROVE HOUSE PRACTICE

UNDER 16 NEW PATIENT REGISTRATION QUESTIONNAIRE

Please complete each row or circle the relevant choice, where offered

Personal Details	
Surname	Forename(s)
Date of Birth	
Ethnic Origin	White / Mixed / Asian or Asian British / Chinese / Black or Black British / Other
Main/First Language	
Previously been registered here?	Yes / No
Current School:	
Summary Care Record Preference (please see our patient info leaflet: New Patients: How to Register)	I do / do not want a summary care record

Parent/Guardian details	
Surname	Forename(s)
Relationship	Registered at the practice Yes / No
Contact Number	
Other family members registered at the Practice	
Name	Relationship

Medical History <i>(please continue overleaf if necessary)</i>
List any Current Health Conditions, Medication or any Recent Hospital Attendances
List of any Known Allergies
List of any Immunisations

Lifestyle
Do you provide care for someone aged 18 or over? Yes / No

Parent/Guardian Signature: _____ Date: _____

Thank you. Please hand in this completed form to Reception

For internal use only

APPT GP PN HCA NO Date _____

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