## **GROVE HOUSE PRACTICE**

## **UNDER 16 NEW PATIENT REGISTRATION QUESTIONNAIRE**

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

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

Personal Details		Personal Details			
Surname Forename(s)		Surname Forename(s)			
Date of Birth		Date of Birth			
Ethnic Origin White / Mixed / Asian or Asian British / Chinese / Black or Black British / Other		Ethnic Origin White / Mixed / Asian or Asian British / Chinese Black or Black British / Other			
Main/First Language		Main/First Language			
Previously been registered here? Yes / No		Previously been registered here? Yes / No			
Current School:		Current School:			
Summary Care Record Preference (please see our I do / do not want a		Summary Care Record Preference (please see our I do / do not want a			
patient info leaflet: New Patients: How to Register) summary care record		patient info leaflet: New Patients: How to Register) summary care record			
Parent/Guardian details		Parent/Guard	ian details		
Surname Forename(s)		Surname Forename(s)			
Relationship Registered at the	practice Yes / No	Relationship		Registered	at the practice Yes / No
Contact Number		Contact Number			
Other family members registered at the Practice		Other family members registered at the Practice			
Name Relationship		Name		Relationship	
Medical History (please continue overleaf if necessary) List any Current Health Conditions, Medication or any Recent Hospital Attendances		Medical History (please continue overleaf if necessary) List any Current Health Conditions, Medication or any Recent Hospital Attendances			
List of any Known Allergies		List of any Known Allergies			
List of any Immunisations		List of any Immunisations			
Lifestyle		Lifestyle			
Do you provide care for someone aged 18 or over?	s / No	Do you provide ca	are for someone aged	d 18 or over?	Yes / No
Parent/Guardian Signature: Date	:	Parent/Guardian	Signature:		Date:
Thank you. Please hand in this completed form	n to Reception	Thank you	ı. Please hand in	this completed	d form to Reception
For internal use only APPT GP PN HCA NO Date		For internal use only APPT GP PN	HCA NO Date _		