

0 to 12 years New Patient Questionnaire

Please Check DATES have been entered for immunisations

If Imms given abroad ask patient for documentation

Please complete this confidential questionnaire. Information provided on this form will be added to your clinical records unless you let the receptionist know otherwise.
Please complete in BLOCK CAPITALS and tick the boxes as appropriate.
This information is important in helping your doctor provide medical care.

Does the chemist order / deliver your child's prescriptions Yes / No (please circle)
If you answered 'YES' what is the name and address of the chemist:

Full Name:			Parent/ Guardian Name and Mobile Number:	
Gender	Male	Female	NHS No.	
Address and Postcode			Parent/Guardian home telephone Number:	
If from abroad date first entered UK.....			Parent/Guardian Work Number:	
Previous Address:			E-mail Address:	
Previous GP:			Next of Kin name and relationship:	
Date of Birth:			Next of Kin Contact Number:	
Previous / Mother's surname if different:		Town & Country of Birth		

This practice STRONGLY advises ALL children are fully immunised. We would like to know which immunisations your child has currently had. (If your child is over six OR not yet due this immunisation please ignore)

Immunisation – if given abroad please provide proof when submitting this form	Given	Date	Where given	If immunisation not given please let us know why.
First Diphtheria, tetanus, pertussis, polio hib HepB Pneumococcal Rotavirus Meningococcal group B disease (Usually all given at 2 months)	Yes / No Yes/No Yes / No Yes/ No			
Second Diphtheria, tetanus, pertussis, polio hib HepB Rotavirus (Usually all given at 3 months)	Yes / No Yes / No			
Third Diphtheria, tetanus, pertussis, polio hib and Hep B Second pneumococcal Men B (Usually given at 4 months)	Yes / No Yes / No Yes / No			
Hib and meningitis C Booster First Measles, mumps and rubella Third pneumococcal Men B (Usually given at 12-13 months)	Yes / No Yes / No Yes / No Yes / No			
Measles mumps and rubella booster Diphtheria, tetanus, pertussis and polio booster (Usually given at 3 years 4 months)	Yes / No Yes / No			

Are there any medications your child has been advised NOT to take? (Please list)

Why can't they take this medication?							
Your Ethnic Origin: (select one)		White (UK)		White (Irish)		White (Other)	
Caribbean		African		Asian		Other Mixed Background	
Indian / Brit Indian		Pakistani / Brit Pakistani		Bangladeshi / Brit Bangladeshi		Other Asian Background	
Other Black Background		Chinese		Other Ethnic origin			
Your main or 1st language Spoken / Understood:		Please state:			Does your child require a translator or interpreter?		Yes / No
Your Religion:	C of E	Catholic	Other Christian (state)	Buddhist	Hindu	Muslim	
	Sikh	Jewish	Jehovah's Witness	No religion	Other religion (state)		
Health History							
Please list any medicines, creams or other treatments your child is using.							
Please state any disabilities your child has.							
Please state any communication needs your child may have.		e.g. require large print, speak loudly, text message, email, telephone, verbal information, language line.					
Please list any serious illnesses your child has or has had in the past.							
Please list brothers/sisters and all adults with a caring role e.g. parents/guardians /carers		Name			Relationship		
Are there any serious family diseases that affect parents, brothers or sisters.							
Please list number of smokers in the house			Is smoking permitted in the house?			Yes / No	
To the best of your knowledge does your child smoke?		Yes / No	To the best of your knowledge does your child drink alcohol?			Yes / No	
Want help to stop smoking call Free 0800 169 4219.							
Do you have a family social worker?		Yes / No	Please give the name and telephone number of your family social worker?				
<p><u>Sharing Medical Information.</u></p> <p>The NHS are changing the way your health information is stored and managed. The practice now keeps computerised medical records for all its patients. We will share this information with other health providers you may be seeing e.g. district nurses, health visitors, physiotherapists etc. If you do not wish us to share your information please inform the receptionist.</p>							

Thank you for completing this form

For more information about the services we offer, please refer to our practice leaflet
or see our website: <https://www.shaftesbury-churchview.co.uk/>

