

# NORTH BERWICK GROUP PRACTICE : CHILD PATIENT QUESTIONNAIRE

Welcome to the Practice. Please help up by filling in as much of this questionnaire as possible.

Your new Doctor is Dr.....

Name:..... Date of Birth .....

Address .....

Post Code ..... Telephone No.....

Ethnic Group..... Next of Kin.....

Are you a Carer? YES \_\_\_ No \_\_\_ Do you have a Carer Yes \_\_\_ No \_\_\_

Please list any serious illnesses, accidents or operations and state year (if known)

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.....  
.....

Please list any allergies (include any important reactions to immunisations)

.....  
.....

Are the following vaccinations up to date?

Please give approximate dates

Diphtheria/Tetanus/Whooping Cough (Triple) HIB Yes \_ No \_ .....

Polio Yes \_ No \_ .....

Measles/Mumps/Rubella (MMR) Yes \_ No \_ .....

BCG (Tuberculosis) Yes \_ No \_ .....

Meningitis Yes \_ No \_ .....

Other (please specify) Yes \_ No \_ .....

Do you take any medicines or treatment (please stage dosage)

.....  
.....

Your family's health

Mother

Father

Brother (s)

Sister (s)

Check up- It is our Practice policy to offer all new patients a check up with the Practice. Please make an appointment at Reception to have this done within 28 days of registering.