Ferguson Medical Practice **New Patient History**

New Babies and Children Under 5 years of age

Your child's medical records may take some time to reach us, so in the meantime, please fill in this form in as much detail as possible. This will enable us to ensure you have the best possible care.

Have you previously been registered with this Practice **YES/NO**

Name			
Date of Birth			
Address			
Postcode			
Home Telephone		Parent/Guardian Work Telephone	
Mobile No.			

Medical Details - Please give details of past operations and illnesses	
Current Medication – please give details of any medication you are taking	
Allergies – please give details of any allergies you have	
Immunisations	**Date**

Please turn over .....

Family History

Give names of people who share your home	Relationship to child?

Family Illnesses	Family Member	Age
Asthma		
Cancer		
Diabetes		
Heart Disease		
Strokes		
Other		

Please indicate your ethnic origin below. This is not compulsory, but may help with your healthcare as some health problems are more common in specific communities, and knowing your origins may help with the identification of some of these conditions.

Main Language Spoken	Do you require an interpreter YES/NO
Asian, Asian Scottish, or Asian British Indian ☐ Pakistani ☐ Bangladeshi ☐ Other Asian Background ☐	
Black, Black Scottish or Black British Caribbean ☐ African ☐ Other Black background ☐	
Chinese ☐	
White Scottish ☐ Other British ☐ Irish ☐ Other White Background ☐	
Mixed Other mixed background ☐	
Any other background ☐	

Signature.....

Date.....