



Patient Questionnaire 0-15 yrs

Date:

Thank you for choosing to register with our doctor's surgery. In order to complete the registration process we ask that you fill in the compulsory information on the relevant forms.

These are:-

- **Full, correct name and current address**
- **Contact number including mobile telephone number and email address**
- **Ethnic Origin**
- **First Spoken Language**
- **All childhood immunisations for each of your children**

Documentation required

To confirm identity:

- **Passport / ID photo card**

Documents to confirm residency(Parental):

- **Housing contract**
- **Utility bills (not mobile phone)**
- **Bank Statements**

Yours Faithfully

Management Team

(Dr E Williams, GP Partner, Jo Taylor, Practice Manager, Tina Bird, Practice Nurse Lead,
Kim Hyde, Reception Team Lead,

New Patient Questionnaire

CHILDREN 0-15 YEARS

**Please bring with you the Red Book when
registering your child under 5- HEALTH VISITOR
01753 636523/4
CLINIC Tuesdays 1.30-3.00
All Souls Church Hall, Church Road Ascot SL5 9DP**

SURNAME:

SEX:

☐

Male

☐

Female

FORENAMES

DATE OF BIRTH:

MOTHERS NAME:

FATHERS NAME:

ADDRESS:

POSTCODE:

TELEPHONE:

EMAIL:

HEALTH HISTORY:

Please list (with dates) any serious illnesses, operations, accidents or chronic conditions

ALLERGIES:

If there are any known allergies to medicines, tablets or anything else please give details

DRUGS AND MEDICINES:

Are there any regular/occasional medicines or tablets taken YES/NO

☐

Yes

☐

No

If yes please give details

IF YOU ARE CURRENTLY BEING PRESCRIBED ANY MEDICATION, PLEASE MAKE AN APPOINTMENT WITH THE GP WITHIN THE NEXT 2 WEEKS (OR AS SOON AS AVAILABILITY ALLOWS).

IMMUNISATION HISTORY – Immunisations Programmes outside of UK may have different schedules and the Practice needs to have a photocopy provided for any children under the age of 18.

TYPE OF VACCINE:

1 st DTaP/IPV/HIB	Diphtheria, tetanus, pertussis, polio and Hib
Hepatitis B	
MEN B	Meningococcal B
Rotavirus	
PCV	Pneumococcal
2 nd DTaP/IPV/HIB	Diphtheria, tetanus, pertussis, polio and Hib
Hepatitis B	
Rotavirus	
3 rd DTaP/IPV/HIB	Diphtheria, tetanus, pertussis, polio and Hib
Hepatitis B	
MEN B	Meningococcal B
PCV	Pneumococcal
Hib / Men C	Diphtheria, tetanus, pertussis, polio and Hib
1 st MMR	Measles, Mumps, Rubella
PCV	Pneumococcal booster
MEN B	Meningococcal B
2 nd MMR	Measles, Mumps, Rubella
4 th /Pre School Booster DTaP/IPV	Diphtheria, tetanus, pertussis, polio

PLEASE GIVE DETAILS BELOW OF ANY OTHER VACCINATIONS THAT HAVE BEEN GIVEN, IE., FOR A HOLIDAY:

	Date:	
	Date:	
	Date:	
	Date:	
	Date:	
	Date:	

FAMILY HISTORY

If there is a family history of illnesses, please state which member of your family, what age and what type of particular problem

Is there any family history Relationship of heart disease

☐ Yes ☐ No

Relationship:

Age:

Illness:

Is there any family history Relationship of stroke

☐ Yes ☐ No

Relationship:

Age:

Illness:

Is there any family history Relationship of Asthma

☐ Yes ☐ No

Relationship:

Age:

Illness:

Is there any family history Relationship of diabetes

☐

Yes

☐

No

Relationship:

Age:

Illness:

	Age	State of Health	If deceased Age at death	Cause
Father:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brothers:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sisters:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are in the UK for a limited time it is very important to let us know before you leave.

Please indicate expected time of stay:

Please bring into the Surgery a copy of all vaccination records.

ETHNICITY

We are required under the New GP Contract to ask patient to give the following details.

Please tick which box applies:-

ETHNIC CLASSIFICATION:

☐

White

☐

Mixed

INCLUDES:

☐

British (9i0)

☐

Irish (9i1)

☐

Any other white background (9i2)

☐

White and black Caribbean (9i3)

☐

White and black African (9i4)

☐

White and Asian (9i5)

☐

Any other mixed background (9i6)

☐ Asian or Asian British

☐ Indian (9i7)

☐ Pakistani (9i8)

☐ Bangladeshi (9i9)

☐ Any other Asian background (9iA)

☐ Black or Black British

☐ Caribbean (9iB)

☐ African (9iC)

☐ Any other black background (9iD)

☐ Other Ethnic Groups

☐ Chinese (9iE)

☐ Any other ethnic group (9iF)

☐ Patient Refusal

☐ Do not wish to give details (9SD)

☐ NOT STATED

☐ Not stated (9iG)

Please state FIRST language: