**New Patient Questionnaire – Under 16**

**If written, please use capitals in black ink**

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| **Personal details** |  | | | | |  | | | | |  | | | | | | | | | |
| Title |  | | | | | Gender | | | | |  | | | | | | | | | |
| First name |  | | | | | Known as | | | | |  | | | | | | | | | |
| Middle name/s |  | | | | | NHS number | | | | |  | | | | | | | | | |
| Surname |  | | | | | DOB (dd/mm/yyyy) | | | | |  | | | | | | | | | |
|  |  | | | | | Town & country of birth | | | | |  | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | Postcode | | | | |  | | | | | | | | | |
| Home tel number |  | | | | | Mobile tel number | | | | |  | | | | | | | | | |
| Email address |  | | | | | Preferred contact method | | | | |  | | | | | | | | | |
| **Your nursery or school** | | | | | |  | | | | |  | | | | | | | | | |
| School name |  | | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | Postcode | | | | |  | | | | | | | | | |
| Phone number |  | | | | |  | | | | |  | | | | | | | | | |
| **Next of kin** |  | | | | |  | | | | |  | | | | | | | | | |
| Next of kin (name) |  | | | | | Relationship to patient | | | | |  | | | | | | | | | |
| Next of kin tel no |  | | | | |  | | | | |  | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | Postcode | | | | | |  | | | | | | | | |
| **Ethnicity** |  | | | | | | | | | | | | | | | | | | | |
| White British | | |  | | | Asian Chinese | | | | | | | | |  | | | | | |
| White Irish | | |  | | | Asian Indian | | | | | | | | |  | | | | | |
| White other (please state) | | |  | | | Asian Pakistani | | | | | | | | |  | | | | | |
|  | | |  | | | Asian other (please state) | | | | | | | | |  | | | | | |
| Black African | | |  | | |  | | | | | | | | |  | | | | | |
| Black Carribean | | |  | | | Mixed White & Asian | | | | | | | | |  | | | | | |
| Black other (please state) | | |  | | | Mixed White & Black African | | | | | | | | |  | | | | | |
|  | | |  | | | Mixed White & Black Caribbean | | | | | | | | |  | | | | | |
| I do not wish to state | | |  | | | Mixed other (please state) | | | | | | | | |  | | | | | |
|  | | |  | | |  | | | | | | | | |  | | | | | |
| **If you wish to book appointments and order repeat prescriptions online please register with reception. For more details please go to our website** [**www.theredcliffesurgery.co.uk**](http://www.theredcliffesurgery.co.uk) | | | | | | | | | | | | | | | | | | | | |
| **Please turn the page** | | | | | | | | | | | | | | | | | | | | |
| **Medical history and medication** | | | | | | | | | | | | | | | | | | | | |
| Do you smoke? | | | | Yes  No |  | | | | | | | | | | | | | | | |
| Have you ever smoked? | | | | Yes  No | If yes, how many a day? | |  | | | | | | | | | | |  | | |
| Do you drink alcohol? | | | | Yes  No | If yes, how much a week? | | Pints | | |  | | | | Halves | |  | | | Glasses |  |
| Serious medical problems | | | |  | | | | | | | | | | | | | | | | |
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| Regular medication | | | |  | | | | | | | | | | | | | | | | |
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| Allergies | | | |  | | | | | | | | | | | | | | | | |
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| **Hospital admissions** | | | |  | | | | | | | | | | | | | | | | |
| Hospital name | | | |  | | | | | | | | | Date | | | |  | | | |
| Operation for? | | | |  | | | | | | | | | | | | | | | | |
| Hospital name | | | |  | | | | | | | | | Date | | | |  | | | |
| Operation for? | | | |  | | | | | | | | | | | | | | | | |
| Hospital name | | | |  | | | | | | | | | Date | | | |  | | | |
| Operation for? | | | |  | | | | | | | | | | | | | | | | |
| **Immunisation history** | | | |  | | | | | | | | |  | | | |  | | | |
| We need your record of immunisation (i.e. red book or equivalent), even if administered in another country. If these can be translated into English it would be very helpful. | | | | | | | | | | | | | | | | | | | | |
| **Family history** | | | | | | | | | | | | | | | | | | | | |
|  | | Person affected | | | | | |  | Their age at diagnosis | | | | | | | | | | | |
| Diabetes | |  | | | | | |  |  | | | | | | | | | | | |
| Stoke | |  | | | | | |  |  | | | | | | | | | | | |
| High blood pressure | |  | | | | | |  |  | | | | | | | | | | | |
| Asthma | |  | | | | | |  |  | | | | | | | | | | | |
| Heart disease | |  | | | | | |  |  | | | | | | | | | | | |
| Cancer | |  | | | | | |  |  | | | | | | | | | | | |
|  | |  | | | | | |  |  | | | | | | | | | | | |
| I have read the practice website. I understand how to access the service at the Practice. I agree to follow the guidelines and behave appropriately. I am aware that rudeness and aggressive behaviour are not tolerated and will result in removal. | | | | | | | | | | | | | | | | | | | | |
| Signature | |  | | | | | | Date | | |  | | | | | | | | | |
|  | |  | | | | | |  | | |  | | | | | | | | | |