**New Patient Questionnaire – Under 16**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |
|  |  |
|  |  |
|  |  |
| Regular medication |  |
|  |  |
|  |  |
|  |  |
| Allergies |  |
|  |  |
|  |  |
| **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 |  |
|  |  |  |  |