WELCOME TO SEVERNSIDE MEDICAL PRACTICE

CHILD NEW PATIENT QUESTIONNAIRE (under 14 years)

Please complete as many questions as you can. This information will help the practice to provide better medical care for your child.

SURNAME …… SEX: MALE/FEMALE

FORENAME(S) …… DATE OF BIRTH ……

ADDRESS ……

…….. POST CODE……

TEL NO …… TEL NO (RELATIVE) ……...

MEDICAL HISTORY OF FAMILY

Has any close relative suffered from:

Blindness/Glaucoma	Yes/No	Diabetes	Yes/No
Blood Pressure	Yes/No	Heart Attack	Yes/No

PERSONAL MEDICAL HISTORY

Please list any significant illnesses, operations or disabilities

YEAR

……. ……

……. ……

……. ……

……. ……

Is your child on treatment for:

Diabetes	Yes/No
Asthma	Yes/No
Epilepsy	Yes/No

DRUGS AND MEDICINES

Is your child taking any medicines, tablets or inhalers? If so, which ones?

NAME OF MEDICINE	**DOSAGE**
……	…….
……	…….
……	…….

Is your child allergic to any medication? Yes/No

If so, which ones? …….

Which school does your child attend? ……. Primary/Secondary

CHILDHOOD VACCINATIONS

	Stage 1 date given	Stage 2 date given	Stage 3 date given	Preschool booster Date given
Meningitis C	…….	…….	……	……
Diphtheria	…….	…….	……	……
Tetanus	…….	…….	……	……
Pertussis	…….	…….	……	…….
Polio	…….	…….	……	…….
HIB	…….	…….	……	…….
Pneumococcal	…….	…….	……	

	Stage 1 date given	Booster date given
MMR	…….	…….

Ethnicity

What is your child's ethnic group?

Choose one section from A to E, then tick the appropriate box to indicate your ethnic group;

A : White
- ☐ British
- ☐ Irish
- ☐ Any other White background (please write in)

B : Mixed
- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed background (please write in)

C : Asian or Asian British
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Any other Asian background (please write in)

D : Black or Black British
- ☐ Caribbean
- ☐ African
- ☐ Any other Black background (please write in)

E : Chinese or other ethnic group
- ☐ Chinese
- ☐ Any other (please write in)

Not Stated
- ☐ Not Stated

1st spoken language: ……. 2nd spoken language: ……

Date of completion: …….

Parent / Guardian's signature ……..