

The New Surgery

New Patient Questionnaire for Children under 15

1. PERSONAL DETAILS:

Full name	
Address	
	Post code:
Date of birth	
Contact number	Text message consent: Y N

2. ETHNIC GROUP (please tick):

White Black or Black British Asian or Asian British Mixed Chinese

Other Ethnic group: _____

Male or Female (please circle)

Height (cm): _____ Weight (kgs): _____

3. Who is the child's main carer?

Name of carer: _____ Relationship: _____ Contact No: _____

4. ALLERGIES (please specify): _____

5. EXERCISE/ACTIVITIES (please specify): _____

6. EATING HABITS: _____

7. ILLNESSES – do they suffer from (please tick)

Diabetes Epilepsy Asthma Other please state _____

Any other long term illnesses: _____

Is there any relevant family history? : _____

8. Are their immunisations up to date? Yes No

Please complete on behalf of the child

NHS England has introduced the Summary Care Record which will be used in Emergency Care settings. The record will contain information about any medicines the child is taking and any allergies they suffer from. Please advise if you are happy for the child to opt in to this programme. Any healthcare staff needing to access this information will ask your permission first.

Yes I agree No I disagree