

The New Surgery

New Patient Questionnaire for New Born Babies

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: _____

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

For Receptionist use only

Parents/carers usual GP: _____