

**QUAY LANE SURGERY
NEW PATIENT CONFIDENTIAL HEALTH QUESTIONNAIRE
CHILDREN UNDER 16 YEARS OF AGE**

Date

Name..... Date of Birth

Home No Mobile Number (if applicable)

Address:

..... School:

Childhood illnesses/diseases:

Please tick the box if your child has had any of the following:

Asthma Chickenpox Eczema Diabetes

Known allergies Latex Allergy Other

Does your child have any on-going medical problems? Please tell us.

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Does your child taken any medication*? (please list below)

Name of Medication	Strength	Dosage (how many per day)	Reason for taking it:

*If your child is taking medication they will need to have an appointment with a Doctor before they can receive a prescription

Does your child have any special needs? Communication/information relating to a disability, impairment or sensory loss, Educational and medical. If yes please tell us i.e. braille, sign language

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Is your child up to date with the immunisation schedule? YES/NO/NOT SURE

Height Weight

FAMILY HISTORY - includes parents, brothers and sisters, prior to age 65 years

Have any of the above suffered:

Mini Stroke/TIA Yes/No **Diabetes** Yes/No **Raised blood pressure** Yes/No

Heart Disease Yes/No **Stroke** Yes/No **Asthma** Yes/No

Cancer Yes/No If yes, where of?

Thank you for taking the time to complete this form and returning it to us

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ETHNICITY

Please help us by providing information about your child's Ethnic Group

The Department of Health has asked us to record the ethnic origin of all new patients. This information will be added to your child's medical record.

If you do not wish to provide this, please tick the 'Information Refused' box at the end of the list.

First Spoken Language:

Please tick the description which you feel is most appropriate:

White – British		Asian or Asian British – Bangladeshi	
White – Irish		Other Asian Background	
Other White Background		Black or Black British – Caribbean	
Mixed – White & Black Caribbean		Black or Black British – African	
Mixed – White & Black African		Other Black Background	
Mixed – White & Asian		Chinese	
Other Mixed Background		Other Ethnic Background	
Asian or Asian British - Indian			
Asian or Asian British – Pakistani		Information Refused	