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| nEW PATIENT HEALTH QUESTIONNAIRE UNDER 18 | | | | | | | | | | | | | | | | | | |
| ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE OPTIONAL AND WILL BE KEPT STRICTLY CONFIDENTIAL. | | | | | | | | | | | | | | | | | | |
| Name (Last, First, M.I.): |  | | | | |  | | | | | DOB: |  | | | | | | |
| Gender: | | | | 🞎 M 🞎 F | | | | | | | | | | | | | | |
| Home Telephone No: | | | |  | | | | | | | | | | | | | | |
| Home Address: | | | | | | | | | **Mobile No:** | | | | | | | | | |
| Name and Address of Previous GP: | | | | | | | | | | | | | | | | | | |
| Parent/Guardians Name | | | | | | | | | | | | | | | | | | |
| Height: | | Weight: | | | | | First Language?: | | | | | | | | | | | |
| What is your child’s ethnic group? Choose ONE section from A to E, then tick the appropriate box to indicate your ethnic group | | | | | | | | | | | | | | | | | | |
| 🞎 White British | 🞎 Mixed | | | | 🞎 Asian or Asian British | | | | 🞎 Black or  Black/British | | | | | 🞎 Chinese or other ethnic group | | | | |
| 🞎 Irish | 🞎 White + Black Caribbean | | | | 🞎 Indian | | | | 🞎 Caribbean | | | | | 🞎 Chinese | | | | |
| 🞎 Any other (write  in) | 🞎 White and Black African | | | | 🞎 Pakistani | | | | 🞎 African | | | | | 🞎 Any other (write in)  ……………………….. | | | | |
| 🞎 White and Asian | 🞎 Any Other Black | | | | 🞎 Bangladeshi | | | |  | | | | |  | | | | |
|  | 🞎 Any Other Mixed | | | | 🞎 Any Other Asian | | | |  | | | | |  | | | | |
| Have you any allergies to medicines or anything else? | | | | | | | | | | | | | | | | | | |
| **Please name the allergy and the reaction you had** | | | | | | | | 🞎 Yes | | | | | 🞎 No | | | | | |
| Immunisations and dates: | | | | | | | | | | | | | | | | | | |
| 🞎 Tetanus  🞎 1st Triple & HIB  🞎 Meningitis C  🞎 Chickenpox  🞎 Influenza  🞎 2nd Triple & HIB  🞎 Polio  🞎 Pneumonia  🞎 3rd Triple & HIB  🞎 Typhoid  🞎 MMR Measles, Mumps, Rubella  🞎 Hepatitis A  🞎 Yellow Fever | | | | | | | | | | | | | | | | | | |
| 🞎 Has your child suffered with any of the following:- | | | | | | | | | | | | | | | | | | |
| 🞎 Diabetes  🞎 Epilepsy  🞎 Heart Problems  🞎 Asthma  🞎 Cancer  🞎 Mental Health Problems  🞎 Eczema  🞎 Hay Fever  🞎 Measles  🞎 Other (please specify | | | | | | | | | | | | | | | | | | |
| **If yes, please state the year(s) when you were first diagnosed/had procedure** | | | | | | | | | | | | |  | | | | | |
| Is your child on any medication? | | | | | | | | | | | | | | | | | | |
| Name of Drug | | | | | | | | | | | | | | | | | | |
|  | | | Strength | | | | | | | Frequency Taken | | | | | | | | |
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|  | | |  | | | | | | |  | | | | | | | | |
| If you do smoke, Vape, how many cigarettes or ounces of tobacco do you smoke per week? | | | | Do you smoke? | | | | | | | | | | | 🞎 | Yes | 🞎 | No |

**Thank you for taking the time to complete this form. You are invited to attend a new patient health check with one of our practice nurses. Please contact the surgery to book your appointment – you are able to make appointments online, by telephone and in person. If you would like to register for the online booking service please obtain an online registration consent from our reception.**

**Welcome to Farley Road Medical Practice**