

THE NIGHTINGALE PRACTICE NEW PATIENT QUESTIONNAIRE

CHILD 0-14YR



It may be several weeks before we receive your medical records from your previous GP. Please try and complete this questionnaire in full to give your new doctor any important information about your child's health. All information will be kept strictly confidential.

PERSONAL DETAILS

First Name/s.....Surname.....
 Date of Birth.....Sex Male / Female (please circle)
 Address.....
Post code.....
 School.....

PARENT/GUARDIAN DETAILS

Name.....Relationship.....
 Tel no (Home).....(Work).....(Mobile).....

ETHNICITY

Please circle the ethnic group which most closely matches your ethnicity. This information is used to plan provision of our services e.g. advocacy services.

- | | | |
|--------------------------------------|------------------------------------|-----------------|
| (Asian or Asian British) Bangladeshi | (Black or Black British) Other | (White) British |
| (Asian or Asian British) Indian | (Black or Black British) Caribbean | (White) Irish |
| (Asian or Asian British) Other | (Mixed) White and Asian | (White) Other |
| (Asian or Asian British) Pakistani | (Mixed) White and Black African | (Other) Chinese |
| (Black or Black British) African | (Mixed) White and Black Caribbean | (Mixed) Other |

Other ethnicity please specify.....
 If English is not your first Language and you require an interpreter please specify your language

MEDICATIONS

Does your child take any regular medication? *Yes / No* Please list medications.....

Are you allergic to any medicines? *Yes / No* Which ones?.....

Immunisations (For children <7years please bring red book to reception)

Previous GP nameAddress.....

Does Mother/Father or household member have history of Hepatitis B? *YES / NO*

Has your child been given any of the following Immunisations?

Age due	Immunisation	Date given
6 weeks	BCG	
2 months	DtaP/IPV/Hib and PCV	
3 months	DTaP/IPV/Hib and Men C	
4 months	DTaP/IPV/Hib Men C and PCV	
12 months	Hib/Men C	
13 months	MMR and PCV	
3 – 5 years	DTaP/IPV or DTaP/IPV and MMR	

OFFICE USE ONLY
 Birth certificate Discharge Summary Red Book NHS number obtained