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NEW PATIENT REGISTRATION/HEALTH QUESTIONNAIRE (Age 0-15)

To the Patient:

To register with the Practice please complete this questionnaire as fully as possible. The information will help the doctor to make an initial assessment of your health which will help in your future treatment.

Surname: Forename(s):

Date of Birth: Next of kin:.....

Address:

..... Postcode:

Home tel: Mobile:

Email address:

Weight (approx): Height:

Date of completion of this form:

Please indicate your Ethnicity:

1	WHITE - BRITISH	7	ANY OTHER ASIAN BACKGROUND
2	WHITE - IRISH	8	BLACK OR BLACK CARIBBEAN
3	WHITE - OTHER BACKGROUND	9	BLACK / BLACK BRITISH AFRICAN
4	MIXED – WHITE & BLACK CARIBBEAN	10	BLACK / BLACK BRITISH OTHER BACKGROUND
5	MIXED – WHITE & BLACK AFRICAN	11	CHINESE
6	MIXED – OTHER MIXED BACKGROUND	12	ANY OTHER ETHNIC GROUP

PLEASE INDICATE IF YOUR CHILD HAS A HISTORY OF ANY OF THE FOLLOWING:

Diabetes Y/N

Asthma Y/N

Epilepsy Y/N

ALLERGIES

Has your child ever been allergic to any medicines?

.....
.....

Has your child ever been allergic to any food/other substances? Yes / No

If yes, please give details:

.....
.....

MEDICATION

Please give details of any medication which your child takes (prescribed or otherwise):

Name of drug:

Dose: How often:

Name of drug:

Dose: How often:

Name of drug:

Dose: How often:

PAST MEDICAL HISTORY

Please give dates of any immunisations, and where given (eg GP, clinic) if known:

Dip / Tet / Wh cough / Polio / Hib / Pneumo / Men C

1st..... 2nd 3rd

Hib/Men C MMR(1st).....

Pre school booster BCG

Dip/Tet/Polio (leaving school)

Other (please specify)

Please give details of any hospital treatment as an in-patient:

.....

Please give details of any treatment for any chronic medical conditions:

.....

CONSENT TO SHARE INFORMATION

You can choose to allow the information contained in your medical records to be shared with other healthcare professionals involved in your care, e.g. community nurses, physiotherapists, health visitors, specialist nurses.

Please indicate below your preference below:

Do you consent to the sharing of data recorded here with other organisations?

Yes No

Do you consent to the viewing of data that is recorded at other organisations being shared here?

Yes No