

GRIMINISH SURGERY, BENBECULA, WESTERN ISLES HS7 5QA
TELEPHONE 01870 602215

NEW PATIENT QUESTIONNAIRE (CHILDREN TO AGE 16)

The registration form for children registering at this practice is in line with current child protection guidelines. Not all of the questions will apply for every child.

SURNAME	FORENAME(S)	PREVIOUS NAME(S)
D.O.B	ADDRESS:	PREVIOUS ADDRESS:
TELEPHONE NO:		
MOBILE NO:		
DATE:		Please list any other previous names and addresses overleaf

PERSONAL AND MEDICAL HISTORY

Please give dates and any other information where possible.

Please list any serious illnesses or operations your child has had?

Please list any current chronic medical problems that your child has?

Is your child on any medication? Please attach a list if available.

Does your child have any allergies?

Does your child have any special communication needs?

Does your child have any special educational needs?

Were there any problems at birth? Please add birth weight if known.

Family History: Please give details of significant illnesses in close family members such as high blood pressure, diabetes, heart problems, stroke, asthma, epilepsy, or cancer.

IMMUNISATIONS

Please give dates where known, and cross out immunisations not given:

1st DTP/polio/Hib & pneumococcus

2nd DTP/polio/Hib & Meningitis C

3rd DTP/polio/Hib & Meningitis C & pneumococcus

12 months Meningitis C & Hib

13 months MMR & pneumococcus

3yrs 4 months DTP & MMR

Girls aged 12-13 HPV (3 vaccines)

Over 13 DT/polio

Over 13: BGC

ADDITIONAL INFORMATION

Present School:	Previous school (1)	Previous school (2)
Previous GP	Previous health visitor	Previous school nurse
Mother's name, date of birth address, and contact number	Father's name, date of birth address and contact number	Any other person with parental responsibility including relationship, address and contact number

Please add any **supplementary information** that you believe may be important for us to know. This might include whether your child has ever been on a protection register, if they are adopted, or other significant information. Only a person with parental responsibility (children's act 1989) may see their child's records, so we need to know this information.

Please hand the completed form to the surgery. All children will be offered a brief registration medical appropriate to their age.