

Bloomsbury Medical Centre

New Patient Questionnaire – Child under 18

As your child is a new patient to the Practice it would be helpful if you could give us the following information. Please bring the child's **RED BOOK** when you attend for the New Patient Health Check. All information on this form will be kept confidential.

PERSONAL DETAILS

Name Date of Birth.....

FAMILY DETAILS

Mother's Name

Telephone number.....

Address Details (if different from Childs)

Father's Name

Telephone number.....

Address Details (if different from child's)

Who has parental responsibility? (Please circle one or both if applicable) Mother Father

Someone else (please state name and relationship to child).....

Next of Kin (Emergency Contact- if different from above)

Name:.....

Address:.....

Telephone (Home):.....Telephone (Work):.....Telephone (Mobile):.....

OTHER INFORMATION

What is the child's main or first spoken language? (One spoken predominantly at home).....

What is their ethnicity?

What is their religion?

Is your child home-schooled? Yes / No

Name of Child's Current School:.....

Name of previous schools (if any):.....

Name of Health Visitor/School Nurse (if known).....

Has the child ever been the subject of a Child Protection Plan? Yes / No. If yes, when?.....

Has your child ever been a "Looked After" child (i.e. in Foster Care or in a Children's Home)? Yes / No

HOUSING

What type of house does the child live in? (Please circle) Privately owned Council owned

House or flat (If flat which floor?)

Are there any housing problems? e.g. overcrowding, damp.....

Please list all the people (children and adults) that share the house with the child and their relationship to the child

NAME OF PERSON	ADULT OR CHILD (UNDER 18)	RELATIONSHIP TO CHILD	ARE THEY REGISTERED AT THIS PRACTICE?
		MOTHER	YES / NO
		FATHER	YES / NO
		SIBLING	YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO

RELEVANT MEDICAL HISTORY

FAMILY HISTORY- has any member of your child's close family (parents, brothers, sisters, grandparents, aunts, uncles) had any of the following illnesses? (Please circle the answer)		MEDICAL HISTORY	
Heart Disease (over 60 years of age)	Yes / No / Don't know	Is your child on any medication at present?	
Heart Disease (under 60 years of age)	Yes / No / Don't know		
High blood pressure	Yes / No / Don't know		
Stroke	Yes / No / Don't know		
Diabetes	Yes / No / Don't know		
Asthma	Yes / No / Don't know	Is your child allergic to anything?	
TB	Yes / No / Don't know		
Epilepsy	Yes / No / Don't know		
Glaucoma	Yes / No / Don't know	Has your child had any operations or serious illness?	
Cancer	Yes / No / Don't know		
Thyroid Disease	Yes / No / Don't know		
Depression/ Mental illness	Yes / No / Don't know		

IMMUNISATIONS

If you don't have your child's red book can you bring the dates of all their immunisations with you?

<u>Please detail any special need's your child may have so the Practice can ensure they are identified and accommodated by taking the appropriate action. Please state below.</u>	
Please state any sensory impairment your child has i.e. visual, hearing, sight	
Please state any physical disabilities your child has	
Please state any mental disabilities your child has	
Please state any requirements your child has to be able to access the surgery	
Please state any religious or cultural needs	
Please state any specific nutritional requirements your child may have	
Please state any phobias your child may have	

Summary Care Records

The NHS are changing the way your health information is stored and managed. The NHS summary care record is an electronic record of important information about your health. It is available to health care staff providing your NHS care. Please ask at reception for more information.

Are you happy to have a Summary Care Record?	Yes	No
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Thank you for completing this form.

For more information about the services we offer please visit our website

<http://www.bloomsburysurgerynechells.nhs.uk>