**NEW PATIENT QUESTIONNAIRE – UNDER SIXTEEN YEARS OLD**

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| NAME |  | NEXT OF KIN – Name  Relationship - | |
| DOB |  |
| ADDRESS  POSTCODE |  | Address if not as patient’s | |
| TELEPHONE NUMBER |  | TEL NO |  |

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| **ETHNIC ORIGIN** | Please indicate below | | MAIN SPOKEN LANGUAGE | |  | |
| WHITE | British | | European | Other White | | |
| MIXED | White/Black Caribbean | | White/Asian | White/Black | | Other |
| BLACK/BLACK BRITISH | Caribbean | | African | Other | | |
| ASIAN/ASIAN BRITISH | Indian | Pakistani | Bangladeshi | Other | | |
| OTHER | Chinese |  | Other Ethnicity |  | | |

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| **ALLERGIES** | |
| Any medication allergies? – please state |  |
| Any other allergies? |  |

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| **MEDICAL HISTORY** |
| PLEASE LIST BELOW ANY MAJOR ILLNESS, DISABILIITIES OR OPERATIONS |
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| **MEDICATION** | |
| ANY MEDICATION OR TREATMENT (including over the counter medicines)? PLEASE LIST | |
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| **NHS SUMMARY CARE RECORD** | |
| Have you previously consented to information sharing on behalf of your child? | YES NO  (please circle) |
| Do you wish to **consent or decline** to information sharing? | **CONSENT DECLINE**  **(please circle)** |
| Please ensure you read the information regarding this and complete an **Opt Out** form from Reception if you wish to **decline**. | |

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| **DATA SHARING**  This is not the same as the NHS Summary Care Record. Please read “Your Data Matters” and follow the instructions regarding data opt-out if you do not wish your child’s information to be shared in this way.  You can complete an Opt Out form from Reception if you wish to prevent sharing of personal confidential information held by the practice other than for individual care. |