GILMORE MEDICAL PRACTICE

New Patient Questionnaire for Children Under 16 Years

Please complete one form for every child that you are registering with the practice and return it to reception.

Children are not routinely offered a New Patient Medical consultation however we do still require some basic information. However, some children may be offered a consultation depending on their medical background.

Please inform the receptionist if you think that your child would benefit from seeing a doctor or nurse.

Have you ever been a patient with us before?	YES / NO
Title (e.g. Mr/Mrs/Miss/Ms/Other)	
Forename/s	
Surname	
Date of Birth (DD/MM/YYYY)	
Address including postcode	
Mobile number	
Landline number	
Gender at birth	
Current gender	
Ethnicity	
Do you require an interpreter / translator?	YES / NO
If yes, please specify the language required	
Date leaving the UK (if applicable)	
Preferred pharmacy	
Name of Emergency Contact / Next of Kin	
Emergency Contact / NOK relationship	
Emergency Contact / NOK telephone number	
School or Nursery attended	
Do you have a Social Worker?	YES / NO
If yes, please provide their name and their contact details	

It is very useful for us to be able to link family records. Please list below the names and dates of birth of all adults who have parental responsibility for this child. Please indicate if the adult lives at the same address as noted above.

Forename	Surname	Date of Birth	Relationship to Child	Same Address?

Medical information

Drug Name e.g Loratidine	Strength e.g. 10mgs	Dose Instructions e.g. 1 tab in the morning	Illness Prescribed for e.g. Hayfever
Drug Allergies (please state drug name and type of reaction e.g. rash, nausea, severe collapse):			

Immunisations - please use exact date or let us copy the page from your parent held record:

Diphtheria					
Tetanus					
Pertussis					
Polio					
Hib					
Pneumococcal					
Meningitis C					
MMR					
Other (e.g. BCG, Hepatitis B, travel vaccines):					

Any additional information that you think is relevant: