



Retford Primary Care Centre
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 Retford
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Under 16 New Patient Questionnaire

ID Checked Type of ID.....

Welcome to Crown House Surgery.

To enable us to give you correct medical care until these records arrive, please complete the following questionnaire.

PLEASE NOTE: The information you write down will be in the strictest confidence and only for the use of Crown House Surgery. We take our patients confidentiality extremely seriously.

Child's Name: Date of Birth:

* Ethnic Origin

Please tick one box that most reflects your background:

- | | | |
|--|--------------------------------------|---|
| White British <input type="checkbox"/> | Indian <input type="checkbox"/> | Black African <input type="checkbox"/> |
| Black British <input type="checkbox"/> | Pakistani <input type="checkbox"/> | Other Black Ethnic Group <input type="checkbox"/> |
| White Irish <input type="checkbox"/> | Bangladeshi <input type="checkbox"/> | Black - other, mixed <input type="checkbox"/> |
| Irish Traveller <input type="checkbox"/> | Chinese <input type="checkbox"/> | Other Ethnic Group <input type="checkbox"/> |
| Polish <input type="checkbox"/> | Other Asian <input type="checkbox"/> | Black Caribbean <input type="checkbox"/> |
| Turkish <input type="checkbox"/> | Bangladeshi <input type="checkbox"/> | Other Please state: |

Name of Health Visitor:.....

Address of Health Visitor:.....

Please give details of any previous major illnesses or operations & any current health problems:

.....

Do you have any allergies? If so please list below:

Medication

Please list any medications you are currently taking

(1)	(3)	(5)
(2)	(4)	(6)
(7)	(8)	(9)

* Family Medical history

Have any close relative (mother, father, sister, brother) suffered from any of the following?

Please note down their relationship to you

Diabetes	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	Blood pressure	<input type="checkbox"/>
Heart Attack <60yrs	<input type="checkbox"/>	Cancer	<input type="checkbox"/>

*Are you adopted: Yes No

* Immunisations

Please bring any records of child immunisations that have been given, we will enter these into our records.