

UNDER 16s - NEW PATIENT QUESTIONNAIRE

Confidential

Welcome to Patford House Surgery

Please help us by filling in this questionnaire on behalf of your child as fully and accurately as you can as it may take some time for your child's previous medical records to reach us.

Please also bring in your **child's birth certificate** so that we can verify their identity.

CHILD'S DETAILS

First Name(s): _____

Surname: _____

Date of Birth: _____

Address:

Family Contact details:

Landline: _____

Mobile: _____

E-mail address: _____

MOTHER'S DETAILS

First Name: _____

Surname: _____

Date of Birth: _____

Address:

Registered at Patford House Partnership? Yes No

FATHER'S DETAILS

First Name: _____

Surname: _____

Date of Birth: _____

Address:

Registered at Patford House Partnership? Yes No

Who has legal Parental Responsibility for this child?

Name _____	Name _____
Address _____	Address _____
DoB _____	DoB _____

Which ethnic origin does the child belong to? Please tick one:

White Black or Black British Asian or Asian British Mixed Chinese Other

Family's First Language: _____

Child's Next of Kin name, contact details & relationship to the child:

Does the child have a disability? Yes No

Please let us know if there is any way we can help you.

Any significant health problems or operations?

Any regular medication? _____

Any allergies? _____

Please provide any information that you think we should be aware of eg residency/contact issues

Please sign: _____ **Print:** _____ **Date:** _____

If any of the above information changes, please let us know.

If you need additional copies of this form, you can download them from our website
www.patfordhousepartnership.co.uk