



Patient Questionnaire (Child)

Welcome to the practice. Please help us by filling in as much of this questionnaire as possible.

Surname :	Date & Place of birth :
Forenames :	
Address :	Previous Address :
	Previous postcode:
Postcode :	Ethnic Origin (please chose from codes below) :
Tel No:	NHS Number :
Mobile:	
First language:	
Next of kin name & contact number:	NHS CARD YES <input type="checkbox"/> NO <input type="checkbox"/>
	Identification Documents YES <input type="checkbox"/> NO <input type="checkbox"/>

Previous GP :
Address :

Are the following vaccinations up to date?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Please give dates
Diphtheria/Tetanus/Whooping Cough (Triple) HIB	YES <input type="checkbox"/> NO <input type="checkbox"/>
Polio	YES <input type="checkbox"/> NO <input type="checkbox"/>
Measles/Mumps/Rubella (MMR) – N.B 2 doses required	YES <input type="checkbox"/> NO <input type="checkbox"/>
BCG (Tuberculosis)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Meningitis	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other (specify)	YES <input type="checkbox"/> NO <input type="checkbox"/>

Do you take any medicines or treatment? (please state dosage)

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Please list any allergies:

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Ethnic data codes

<p>White:</p> <p>British 01</p> <p>Irish 02</p> <p>Other mixed 03</p> <p>Mixed:</p> <p>White & black Caribbean 04</p> <p>White & black African 05</p> <p>White & Asian 06</p> <p>Other mixed 07</p>	<p>Asian or Asian British:</p> <p>Indian 08</p> <p>Pakistani 09</p> <p>Bangladeshi 10</p> <p>Other Asian 11</p> <p>Black or Black British:</p> <p>Black Caribbean 12</p> <p>Black African 13</p> <p>Other Black 14</p>	<p>Other Ethnic:</p> <p>Chinese 15</p> <p>Other Ethnic category 16</p> <p>Not stated 17</p>
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