



New Patient Questionnaire Children (aged 0 - 16 years old)

| Contact Details | | | |
|---------------------------|--|---------------|--|
| Title | | | |
| Name | | | |
| Sex | | Date of Birth | |
| Address | | | |
| Mobile number | | | |
| Home number | | | |
| Family registered with us | | | |

| Parents or Guardians Details | | | |
|------------------------------|--|---------------|--|
| Mother's name | | Date of Birth | |
| Father's name | | Date of Birth | |
| Address | | | |

| Other details | | | | |
|------------------|---------------------------------------|--|---------------------------------------|----------------------------------|
| Previous GP | | | | |
| Country of Birth | | | | |
| Ethnicity | <input type="checkbox"/> White (UK) | <input type="checkbox"/> Mixed British | <input type="checkbox"/> Bangaladeshi | <input type="checkbox"/> Chinese |
| | <input type="checkbox"/> White(Irish) | <input type="checkbox"/> Black British | <input type="checkbox"/> Indian | <input type="checkbox"/> Turkish |
| | <input type="checkbox"/> White(Other) | <input type="checkbox"/> Black Other | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other |

| Health Record Sharing | |
|--|---|
| When you need medical help it is essential that NHS services can securely access your help record. For further information, please see: www.nhs.uk/NHSEngland/thenhs/records | |
| Do you consent to your GP health record being made available to other NHS care services that care for you? | <input type="checkbox"/> Yes (recommended) <input type="checkbox"/> No, except in an emergency <input type="checkbox"/> Never |
| Do you consent to your GP Practice viewing your help record from other services that care for you? | <input type="checkbox"/> Yes (recommended) <input type="checkbox"/> Never |

| Communication Needs | | | |
|---------------------|--|--------------------------------------|--------------------------------------|
| Language | Main spoken language: | | |
| | Do you need an interpreter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Communication | Do you have any communication needs? (If Yes, please specify below) | | |
| | <input type="checkbox"/> British Sign Language | <input type="checkbox"/> Large Print | <input type="checkbox"/> Hearing aid |
| | <input type="checkbox"/> Makaton Sign Language | <input type="checkbox"/> Braille | <input type="checkbox"/> Lip reading |
| | | <input type="checkbox"/> Guide dog | |

| Carer Details | |
|----------------------|---|
| Are you a carer? | <input type="checkbox"/> Yes - Informal / Unpaid carer <input type="checkbox"/> Yes - Occupational / Paid carer <input type="checkbox"/> No |
| Do you have a carer? | <input type="checkbox"/> Yes Tel: _____ Name*: _____ Relationship: _____ |

**Only add carer's details if they give their consent to have these details stored on your medical record*

| Health Information | |
|---|--|
| Do you have any other serious illnesses ? | |
| Do you have any allergies ? | |
| Are you taking any regular medication ? | |
| Pharmacy - please state the name and branch of the Pharmacy that you would like to process your prescriptions (via NHS Electronic Prescription service): | |

| Signatures | |
|------------|--|
| Signature | I confirm that the information I have provided is true to the best of my knowledge <input type="checkbox"/> Signed on behalf of the patient |
| Name | |
| Date | |

And last of all... Don't forget

Please ensure the following are completed and provided so that your registration can be completed successfully

- Completed & Signed Above Form
- Completed & Signed GMS1 Form
- Birth Certificate or Passport if possible

Practice use only

| | |
|-------------|--|
| Appointment | <input type="checkbox"/> No <input type="checkbox"/> Booked Date: _____ |
| Photo ID | <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate |
| Signature | |