

THE NEW SURGERY

New Patient questionnaire for Children under 15

Name Date of Birth.....

Address.....

..... Postcode.....

Contact numbers - Home..... Mobile

Male Female

Ethnic Group: White Black or Black British Asian or Asian British

Mixed Chinese Other ethnic group

School or Nursery

Exercise and or Activities

.....
.....

Eating Habits/Diet

.....
.....

Do they have any allergies?

None Medication Other

Please specify

Surgical Operations and Dates

.....
.....

Illnesses - Do they suffer from:

Diabetes Epilepsy Asthma Heart Problems

Any other long term or serious illness.....

Is there any relevant family history?.....

Are the immunisations up to date?

Who is the child's Main Carer?

If known - Weightkg Heightm