

The Village Surgery - Southwater

CHILD NEW PATIENT HEALTH QUESTIONNAIRE

Thank you for registering your child with our Practice. We would be grateful if you could answer some background details so that we have useful information while waiting for medical records to arrive from your previous surgery.

Please complete in block capitals

First Name (s) _____

Surname _____

Date of birth _____ / _____ / _____

Address _____ Postcode _____

Home Telephone Number _____

Mobile Telephone Number _____

What is your child's first language? _____

Immunisations/Injections	Age Due	Date Given – if known
Diphtheria/tetanus/pertussis/ polio and Haemophilus influenza type b (DTaP/IPV/Hib)	2 months	
Pneumococcal		
Rotavirus		
Diphtheria/tetanus/pertussis/polio and Hib (DTaP/IPV/Hib)	3 months	
Meningococcal Group C/Meningitis C		
Rotavirus		
Diphtheria/tetanus/pertussis/polio/Hib (DTaP/IPV/Hib)	4 months	
Pneumococcal		
Haemophilus Inflenzae Type b / Meningitis C	Between 12 & 13 months old within a month of first birthday	
Measles, mumps and rubella (MMR 1)		
Pneumococcal		
Diphtheria/tetanus/pertussis/polio (DTaP/IPV)	Three years four months old Or soon after	
Measles, mumps and rubella (MMR 2)		
Girls Only: HPV for cervical cancer	Girls aged 12 to 13 years	
Tetanus/diphtheria/polio (Td/IPV)	Around 14 years old	
Meningitis C		
Other injections		
Has your child been diagnosed with any significant illnesses (i.e. asthma, diabetes, epilepsy)?	Yes:	No
Does your child suffer from any allergies? If so, what?	Yes:	No
Is your child on any medication? If so, what?	Yes:	No

Which school does your child attend/will your child be attending? _____

Parent/Guardian's Signature: _____ Date: _____

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Child New Patient Health Questionnaire cont'd

Registration Information - ETHNICITY

Parent or guardian please complete for your children. Thank you.

Child's first name and surname _____

On behalf of the Department of Health, we ask for your ethnic background as some ethnic groups have a tendency to develop particular disease more than others. We have a responsibility to all our patients and their families, whatever their ethnical background, to ensure the best possible care.

Please tick one of the following:

- | | |
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| A. (White) British..... | B. (White) Irish |
| C. (White) Other Background..... | D. (Asian or Asian British) Bangladeshi |
| E. (Asian or Asian British) Indian | F. (Asian or Asian British) Pakistani |
| G. (Asian or Asian British) Other Background | H. (Black or Black British) African |
| I. (Black or Black British) Caribbean | J. (Black or Black British) Other Background |
| K. (Mixed) White & Asian | L. (Mixed) White & Black African |
| M. (Mixed) White & Caribbean | N. (Mixed) Other Background |
| O. (Other) Chinese | P. (Other) Any other Background |
| Q. Not Stated | |