

THE LADE MEDICAL PRACTICE

NEW PATIENT QUESTIONNAIRE – Under 16

We would appreciate that the parent or guardian complete this form and return with the child's registration form.

If aged between 5 and 16 children are encouraged to have a routine health check and meet the doctors and nurses in the surgery.

Name	Sex M/F	Date of Birth
Address		Home Telephone No
.....		Today's Date
.....		
Postcode		
Any previous names child known by		

Family Details

		Address and contact number if different from child.
Name of Mother & Date of Birth		
Name of Father & Date of Birth		
Name of Guardian		
Is there anyone else responsible for caring for your child e.g. a nanny?		Y/N
Name, address and contact number if applicable		
Please inform us if the situation above changes so we can update the contact details for your child.		

Personal Profile

Current school / college	
Previous schools attended	

Family History

Please list any illness that run in your family		
Have any close family members suffered from any of the following:		
Heart Disease	Yes/No	Relationship to you
High Blood Pressure	Yes/No	Relationship to you
Stroke	Yes/No	Relationship to you

Health/Immunisation History

Please record any significant past illnesses, accidents, operations or other hospital admissions including if possible the date on which they occurred or started. Also, please include all immunisations which your child has received since birth.

Date

Please list all medication that the child takes. Please include any medication that is purchased direct from the chemist.

Name	Dose	Name	Dose
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Do you have any allergies?

If you have any further information that you feel we should know about please add below.