

Lonsdale Medical Centre Tunbridge Wells

New Patient
Questionnaire for children
under 13 years years old



Name

Date of Birth

Telephone (home)

Please fill in as accurately as possible		MEDICAL HISTORY		
Indicate below if YOUR CHILD suffers from any of the following:		Indicate below if A CLOSE RELATIVE (e.g. Parent/Sibling/Uncle/Aunt) has had any of the following:		
	Approx date of first diagnosis	Details / current severity etc.	Please state which relative	Age at which diagnosed
Asthma (H33..) /Breathing problems				
Diabetes				
Epilepsy or febrile fits				
Past Medical History (eg operations/accidents/hospital admissions or other serious conditions.				

Medication: Please give details of any current drug therapy		
Name	Strength	Daily Dose

Allergies if any:

Vaccinations

Please enter dates where possible

	Vaccines	Please tick which vaccines have been given	Date vaccines given
1 st set (at 2 months)	Diphtheria,tetanus,Pertussis,polio.Hib		
	Pneumococcal		
	Rotavirus		
2 nd set (at 3 months)	Diphtheria,tetanus,pertussis,polio,Hib		
	Meningitis C		
	Rotavirus		
3 rd set (at 4 months)	Diphtheria,tetanus,pertussis,polio,Hib		
	Pneumococcal		
Between 12 & 13 months old	Hib/Meningitis C		
	MMR (measles,mumps, rubella)		
	Pneumococcal		
2&3 years old	Influenza		
3 yrs 4 months	Diphtheria, tetanus, pertussis & polio		
	MMR		
Girls aged 12 – 13 years	HPV		
Others			

Signature

Date

Recording ethnicity

We are asking every new patient about his or her *ethnic group*. This is different from *nationality*. For example, some of our patients who have British nationality may have a different *ethnic category*, such as Irish, Caribbean or African.

The Department of Health has asked doctors' surgeries to collect this information as it helps us to identify who might be at greater risk from conditions such as heart disease, diabetes or kidney disease. This enables us provide better care for you.

We use the same ethnic group categories as the 2001 national census. The data we collect is held on a strictly confidential basis and is covered by the 1996 Data Protection Act.

Please circle the code for the group that you think is most appropriate for you.

WHITE:-	CODE	BLACK OR BLACK BRITISH:-	CODE
British	9S10.	Caribbean	9S2..
Irish	9S11.	African	9S3..
Any other White background	9S12.	Any other black background	9SG..
MIXED:-		OTHER ETHNIC GROUPS:-	
White and Black Caribbean	9SB5.	Chinese	9S9..
White and Black African	9SB6.	Any other ethnic group	9SJ..
White and Asian	9SB2.		
Any other mixed background	9SB..		
ASIAN OR ASIAN BRITISH		NOT STATED	
Indian	9S6..	I don't wish to give ethnicity	9SD..
Pakistani	9S7..		
Bangladeshi	9S8..		
Any other Asian background	9SH..		

Surname.....

Forename(s)

Date of Birth (DD/MM/YYYY)

Telephone Number

Parent(s) name(s)

ADMINISTRATION ONLY:

Identity (please specify) checked**administrator's initials**

Residency (please specify) checked**administrator's initials**

Visa (if required) checked.....**administrator's initials**

Supplementary Patient Questionnaire for PATIENTS ENTERING THE UK FROM ABROAD

Name: Date of birth:	Address:
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Have you provided any of the following means of identification? (Please tick)		
Birth certificate Marriage certificate Medical card	Bank cards/ statements National insurance no card Driving licence Passport	Wage slip Evidence of benefit entitlement Local authority rent card Paid utility bills
Please give your country of origin		
Please give the date you entered the UK.		
Do you have any medical insurance cover?		
Is this the first time you have asked to register with a doctor in the UK?		
Do you expect to be resident in the UK for more than 6 months? If so, for how long?		
Do you have a permanent address in Tunbridge Wells?		
Do you have any relatives already registered with us?		
Do you need a translator to help explain any medical problems?		

You may obtain more information about medical treatment for overseas visitors by going to the Department of Health website:
www.dh.gov.uk/PolicyAndGuidance/HealthAdviceForTravellers/fs/en

SURGERY:

GP REGISTRATION AND AMENDMENT CH39 FORM				
Section A				
Name of Children under 18yrs	DOB	Sex	School/Pre-School Attend	NHS Number
Section B				
Name of Parent / Guardian or Main Carer	DOB	Role	NHS Number	
Section C				
Names of Other Household Members	DOB	ROLE	G.P.	NHS Number
Section D		Section E		
Current Address		Previous Address		
Postcode		Postcode		
Telephone No(s):				
Section F		Section G		
Current GP		Previous GP		
Current GP Practice		Previous GP Practice		
Current Practice Code		Previous Practice Code		
Date of Registration		Request For Early Contact	YES / NO	
Any Other Relevant Information <i>(please write details overleaf)</i>				
FOR H.V. USE ONLY				
FOR MOVEMENT IN:		DO RECORDS NEED REQUESTING?	YES / NO	
FOR MOVEMENT OUT:		RECORDS ENCLOSED?	YES / NO	
		HAVE RECORDS BEEN SENT DIRECT TO NEW H.	YES / NO	
ANY OTHER COMMENTS:				
SIGNATURE:		HV CODE:		
NAME:		GP REFERRAL:		
DATE:		SERVICE GROUP HVS:		

PLEASE ENSURE THIS FORM IS RETURNED TO YOUR GP ASAP or send direct to:

Health Visiting Office, Lansdowne Road Clinic, 23 Lansdowne Road, Tunbridge Wells, Kent, TN1 2NG

Please Note: This data will be used in a Statutory Return. Submission of this data will be taken as assurance that the data is complete and accurate. The submitter is responsible for ensuring the data is complete.