Waterloo Medical Centre

**Under 16 - New Patient Health Questionnaire**

**Patient Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title | Miss |  | Mr |  | Surname |  |
| First Name(s) |  | Date of Birth |  |
| Previous Surnames |  |
|  |
| Home Address: |
|  |
|  |
| Post Code: |
|  |
| Tel No: Home  | Mobile: |  |

|  |
| --- |
| Email Address of parent/guardian: |
| Name and Address of Previous GP: |

**Ethnic Group**

|  |  |  |  |
| --- | --- | --- | --- |
|  | White |  | British |
|  |  | Irish |
|  |  | Other (Please specify) |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Black |  | Caribbean |
|  |  | African |
|  |  | Other (Please specify) |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Asian |  | Indian |
|  |  | Pakistani |
|  |  | Chinese |
|  |  | Other (Please specify) |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Mixed |  | White & Black Caribbean |
|  |  | White & Black African |
|  |  | White & Asian |
|  |  | Other (Please specify) |  |

|  |  |  |
| --- | --- | --- |
| **Language** | What is your first language? |  |
|  | Do you need an interpreter? | Yes/No |

|  |  |  |
| --- | --- | --- |
| Religion |  | Christian |
|  | Islam |
|  | Hinduism |
|  | Buddhism |
|  | Sikhism |
|  | Judaism |
|  | Other (Please specify) |  |

**Next of Kin**

Name………………………………….. …….. Contact No. …………………………………………Relationship ………………..

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you registered disabled? | Yes |  | No |  |

If yes please give details of your disability: ………………………………………………………………………………………..

**Proof of Identity**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Birth Certificate  |  | Driving Licence |  | Passport |  | Utility Bill |
|  | Allowance Book |  | Solicitor’s Letter |  | Offer of Tenancy |  | Other |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of parent/guardian** |  | **Date:** |  |

**Please bring this questionnaire with you when you attend for your appointment, along with your proof of identity, or your registration cannot be accepted.**

***All Information supplied will be treated in the strictest of confidence and all staff adhere to the Code of Confidentiality***.

Thank You

*STAFF ONLY*

ID SEEN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEEN BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_