

NEW PATIENT QUESTIONNAIRE FOR CHILDREN <18

Child's full name	
Child's date of birth	
Child's place of birth	
Ethnicity	
Main language spoken	
Child's current school/nursery	
Current address	
Previous address	
Telephone numbers (Please note that appointment reminders and general information will be sent by text unless you opt out)	Mobile: Home: Work:
Which country has the child been living in for the past 12 months (or since birth if less than 12 months old)?	
Mother's name	
Father's name	

		If yes, please provide details:
Does your child have any medical conditions?	YES/NO	
Does your child have any additional needs?	YES/NO	
Do you consider your child to have a disability?	YES/NO	
Does your child take any regular medicines?	YES/NO	
Does your child have any allergies?	YES/NO	
Is your child up to date with childhood vaccinations? (Please note, if anyone other than Mother or Father brings the child for childhood vaccinations a consent form needs to be completed at reception)	YES/NO	Please list vaccinations received:

		Please provide details:
Do you have parental responsibility for the child?	YES/NO	
Is the child you are registering “looked after” by the local authority or subject to a Child Protection Plan?	YES/NO	
Does the child/your family have a social worker?	YES/NO	
Is your child a carer for you or someone else?	YES/NO	
Do you know the name of your Child’s school Nurse/Health Visitor?	YES/NO	
Is there anything else you think the practice needs to be aware of?	YES/NO	

Name of the person completing this form	
Relationship to the child	
Signature	
Date	