Dr Aru & Partners Practice

**NEW PATIENT REGISTRATION- CHILDREN UNDER 16 YEARS**

**Please complete this questionnaire as fully as possible. The information is important as it will help the doctor to make an initial assessment of your child’s health.**

**TODAY’S DATE………………………………………….**

**SURNAME………………………………………………..FORENAMES………………………………………………………………….**

**DATE OF BIRTH…………………………………………**

**ADDRESS……………………………………………………………………………………………………………………………………………………………………………………………………………POSTCODE……………………………………………………………………**

**HOME TELEPHONE……………………………………PARENT/GUARDIAN MOBILE ………………………………………**

**NAMES OF OTHER FAMILY MEMBERS AT SAME ADDRESS…………………………………………………..............**

**……………………………………………………………………………………………………………………………………………………….**

**NAMES OF PARENTS/GUARDIANS………………………………………………………………………………………………….**

**HAVE YOU EVER BEEN REGISTERED AT THIS PRACTICE BEFORE? YES/NO**

**DETAILS OF SCHOOL OR NURSERY ATTENDED:……………………………………………………………………………….**

**--------------------------------------------------------------------------------------------------------------------------------------**

**IMMUNISATIONS**

***IT IS IMPORTANT THAT WE HAVE FULL DETAILS OF ALL IMMUNISATIONS IN ORDER TO ENSURE YOUR CHILD IS FULLY PROTECTED. PLEASE BRING YOUR RED BOOK OR ANY OTHER RECORD OF IMMUNISATIONS WHEN YOU REGISTER.***

**MEDICATION**

**Please give details of any medication your child takes, (prescribed or otherwise).**

**NAME OF DRUG: NAME OF DRUG:**

**DOSE: DOSE:**

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**DOSE: DOSE:**

**ALLERGIES**

**Is your child allergic to any medicines or foods? YES/NO**

**IF ‘YES’ PLEASE GIVE DETAILS………………………………………………………………………………………………………….**

**CURRENT MEDICAL CONDITIONS**

**Is your child currently undergoing or awaiting hospital treatment? YES/NO**

**If ‘YES’ please give details:………………………………………………………………………………………………………….**

**Does your child have any medical conditions? YES/NO**

**If ‘YES’ please give details……………………………………………………………………………………………………………**

1. Are you a carer? – Do you help a friend or relative live their daily life?

Yes**/**No

**2.** Are you cared for? Do you have a friend or relative who helps you with your daily life? Yes**/**No

3. What do you consider to be your national identity?

……………………………………………………

4. What is your country of birth?

…………………………………….......................

5. What is your main spoken language?

……………………………………………………

6. What language do you prefer to read?

…………………………………………………....

Do you need an interpreter or translator? Yes/ No

Can you read English?

7. Do you need large print? Yes**/**No

8. Do you use lip reading? Yes**/**No

9. Do you use text phone/ minicom? Yes**/**No

Please tell us your ethnic group. Please choose ONE section only form A to E. If you tick the other please write your ethnic group in the space given.

|  |  |
| --- | --- |
| A Asian or Asian British□ Bangladeshi□ Indian□ Pakistani□Other Asian backgroundPlease write in ………………………………….. | D. Mixed Background □ White& Asian □ White & Black African □ White & Black Caribbean □ Any other mixed back ground please write in………………………………….. |
| B Black or Black British□Africa□Caribbean□ Any other Black backgroundplease write in………………………………….. | E. White □British □Irish □ Any other White background please write in…………………………………. |
| C Chinese or other ethnic groups□Chinese□Any other ethic group pleasePlease write in………………………………….. | F. Please write in any other background………………………………….. |