

New patients are welcome to make an appointment with our Healthcare Assistant for height and weight check.

To enable us to provide your child with appropriate healthcare, we would be grateful if you could complete the following questionnaire.

Please provide details of all childhood immunisations overleaf or provide us with copies of immunisation records.

Thank you for your co-operation.

**Drs Watson, Charleson, Collie, Turner, Sekulin & Alam**

**PERSONAL DETAILS**

Name	.....	Date of Birth	.....
Address	.....	Nationality	.....
	.....	School	.....
	.....	Adopted?	.....
Telephone No	.....	Mother's occupation	.....
Patient/Parent Signature	.....	Father's occupation	.....
		Date	.....

Which ethnic group do you belong to? – You are not obliged to complete this section. Please tick as appropriate

- White  
  Chinese  
  Indian  
  Bangladeshi  
  Pakistani  
  Black-African  
  Black-Caribbean  
 Other – please state .....  
  I do not wish to give this information

Do you wish to nominate a preferred Doctor within the Practice? If so, please tick the Doctor of your choice below.

Dr D P B Watson   
 Dr F Charleson   
 Dr W M Collie   
 Dr G Turner   
 Dr J Sekulin   
 Dr K Alam

Please note that it may not always be possible to see your preferred Doctor, therefore you must be prepared to see other Doctors within the Practice.

**LIFESTYLE**

Does your child smoke?                      YES        NO                      How many per day? .....

Which sport(s) does your child play? .....

Has your child experimented with alcohol or drugs? .....

**MEDICAL DETAILS**

**Does the child personally suffer from:** Allergies, Asthma, Cancer, Diabetes, Epilepsy, Heart problems or any other medical conditions/physical disability?

**If yes, please give details including operations and hospital admissions (please give dates):**

**MEDICAL DETAILS (Contd.)**

List current medication prescribed or have been taken in the last year:

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**IMMUNISATION HISTORY**

Date last immunised for	Tetanus	Rubella
Dates of other immunisations (please list or provide copies of Immunisation record)		

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GP Plan	_____	To make appointment (please circle)	10 minutes	20 minutes
	To Pharmacist for treatment			

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