

NEW PATIENT INFORMATION
CHILDREN UNDER 16

Dear Parents,

Welcome to **Preston Park Surgery**. We hope to offer you all the healthcare services you need. To help us provide these, would you please take time to fully complete this questionnaire.

Surname Forenames..... Date of birth

Address..... Post code Phone No

Sex

Ethnic Origin

Are there any housing problems? (If so please give details)

.....

Main carer's full name

Relationship to child

Name of school

Do you have a social worker?

(f so please provide details if possible)

HEALTH HISTORY

1. Do you suffer from any ongoing medical condition/illnesses? Yes / No

If yes, please specify:

Do you receive treatment at a hospital for any of the conditions listed? Yes / No

If yes, please specify name of Hospital / Consultant / Speciality

..... Date of last appointment

2. Please list any previous serious illnesses, operations, disabilities

.....

DRUGS AND MEDICINES

Do you have any allergies to any medication: Yes / No / Unknown

If yes, please give details of the medication you are allergic to:.....

Are you taking any medicine at present (including over the counter treatments): Yes / No

If yes, please give details of condition and Medication taken for it:

Condition	Name of Medication
.....
.....

Please turn over and continue

FAMILY HISTORY

Have any of your parents / brothers / sisters suffered from any of the following?
(please specify which relative and state approximate age of diagnosis)

- | | |
|--------------------------|-------------------------------|
| Angina | Mental Health Problem |
| Heart Attack | Cancer (what kind?)..... |
| Diabetes | Other Serious Illnesses |
| High Blood Pressure..... | |
| Stroke | |
| Asthma | |

If you have any health concerns you are welcome to make an appointment for a health review with a GP or a nurse.

COMMENTS