Roslea Surgery
51 Station Road, Bamber Bridge, Preston, PR5 6PE
p: (01772) 310100
w: www.rosleasurgery.co.uk
fb: www.facebook.com/RosleaSurgery

NEW PATIENT MEDICAL
Date:
Time:
With:

CHILD – NEW PATIENT QUESTIONNAIRE

PERSONAL DETAILS

All questions are strictly confidential and will become part of your child's medical record.

Surname:	DOB:
Given Name:	☐ M ☐ F
Address:	Postcode:
Home Number:	
Mobile Number:	Email:

It is your responsibility to inform us of any changes of contact details. By providing the above information you are consenting to allow us to use these methods for contact.

Ethnicity: (please check all that apply)	White ☐ Mixed	Asian ☐ Mixed	Black ☐ Mixed
	☐ British	☐ Indian	☐ Caribbean
	☐ Irish	☐ Pakistani	☐ African
	☐ Other: Please specify below _____	☐ Other: Please specify below _____	☐ Other: Please specify below _____

Town/City & Country of Birth:

Name & address of previous GP:

Is your child registered disabled? ☐ Yes ☐ No	Do your child have a paid or unpaid Carer? ☐ Yes ☐ No If yes to the question above, please state person's name and telephone number: Name: Number:

Emergency Contact:	Name:	Relationship to Child:
	Home No:	Mobile No:
Next of Kin:	Name:	Relationship to Child:
	Home No:	Mobile No:

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*** NOMINATED PHARMACY FOR ELECTRONIC PRESCRIPTIONS ***

FAMILY MEMBERS LIVING AT YOUR ADDRESS

All questions are strictly confidential and will become part of your medical record.
Please use another sheet of paper if you need more room.

Name:	DOB:	Relationship to Patient:
Name:	DOB:	Relationship to Patient:
Name:	DOB:	Relationship to Patient:
Name:	DOB:	Relationship to Patient:
Name:	DOB:	Relationship to Patient:

FAMILY HEALTH HISTORY

All questions are strictly confidential and will become part of your medical record.

		Age	Significant Health Problems			Age	Significant Health Problems
Father				Sibling	☐ M ☐ F		
Mother				Sibling	☐ M ☐ F		
Child	☐ M ☐ F			Sibling	☐ M ☐ F		
Child	☐ M ☐ F			Sibling	☐ M ☐ F		
Child	☐ M ☐ F			Grandmother *Maternal*			
Child	☐ M ☐ F			Grandfather *Maternal*			
Child	☐ M ☐ F			Grandmother *Paternal*			
Child	☐ M ☐ F			Grandfather *Paternal*			