Haddenham Medical Centre – New Patient Questionnaire (0-16)

<table>
<tr><td colspan="2">FORENAMES:</td><td>SURNAME:</td></tr>
<tr><td colspan="2" rowspan="2">ADDRESS including POSTCODE:</td><td>DATE OF BIRTH:</td></tr>
<tr><td>RELIGION:</td></tr>
<tr><td colspan="2">HOME TELEPHONE:</td><td>MOBILE TELEPHONE:</td></tr>
<tr><td colspan="2">ETHNIC ORIGIN:
White
□ British
□ Irish
□ Other(specify)

Black or Black British
□ African
□ Caribbean
□ Other(specify)

Asian or Asian British
□ Bangladeshi
□ Indian
□ Pakistani
□ Other(specify)

Chinese
□ Chinese
□ Other(specify)</td><td>ETHNIC ORIGIN:
Mixed
□ White and Asian
□ White and Black African
□ White and Black Caribbean
□ Other(specify)

Any other ethnic group
□ Specify

□ Decline to give ethnic origin

Main language Spoken:

□ Decline to give main language spoken</td></tr>
<tr><td colspan="3">PAST MEDICAL HISTORY:
We will obtain this from your old medical records but there is often a delay in their arrival. To help us care for you before that time, please complete the following.
Major illnesses or operations</td></tr>
<tr><td>When?</td><td colspan="2">What?</td></tr>
<tr><td colspan="3">ANY SCHOOL PROBLEMS:</td></tr>
<tr><td colspan="3">MEDICATION:
If you are on regular medication, please arrange to see a doctor to have this checked and prescribed. Please bring an old repeat prescription list.</td></tr>
<tr><td colspan="2">What drug or medicine?</td><td>What is it for?</td></tr>
<tr><td colspan="3"></td></tr>
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MEDICINE OR DRUG ALLERGY:	
What drug or medicine?	What happens if you use it?

IMMUNISATIONS:

We will obtain this information from your old medical records but there is often a delay in their arrival. To help us care for you before that time, please complete the following.

Date	Immunisation

FAMILY HISTORY:

Have any relations had any of the following:

Problem	Relative	Problem	Relative
Heart disease		Stroke	
Diabetes		High blood pressure	
Mental illness		Cancer	
Epilepsy or fits		Asthma or COPD	

FAMILY HISTORY:

Alive			If dead	
	Age	Serious illnesses	Age at death	Cause of death
Mother				
Father				
Brothers				
Sisters				

CURRENT FAMILY:

Other members of your family living in the same house

Name	Date of birth