



KINGSTON HEALTH CENTRE

NEW PATIENT QUESTIONNAIRE (under 16 years)

**Welcome to Kingston Health Centre. Please complete this form fully to allow us to plan your care.
THANK YOU.**

| | | | |
|--|------------------------|-------------------------------|---------------------------------|
| Full Name: | | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Date of Birth: | Telephone number home: | Telephone Number Mobile: | |
| Are you happy for us to send you text message / email reminders? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Text Message reminder service: contact number parent / guardian: | | | |
| Email reminder service contact address: | | | |
| Have you been registered with the practice before? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mothers Name | | Fathers Name | |
| Address: | | Address: | |
| Telephone Numbers: | | Telephone Numbers: | |
| Home: | | Home: | |
| Mobile | | Mobile | |
| Please list any relevant medical history and approximate dates (e.g. illnesses, conditions, operations) | | | |
| | | | |
| Do you take any regular medication ? (Include any medication you buy without a prescription, including asthma inhalers, contraception) | | | |
| | | | |
| PLEASE MAKE AN APPOINTMENT FOR A MEDICATION REVIEW BEFORE YOU REQUIRE A FURTHER PRESCRIPTION. YOUR MEDICATION MAY BE CHANGED TO REFLECT LOCAL GUIDELINES. | | | |
| Are you allergic or intolerant to any medication? Please specify | | | |
| Are you allergic or intolerant to anything else? Please specify | | | |

Immunisation History – Please complete dates of immunisations

| | | | |
|---|---------------------------|---------------------------|----------------|
| DTaP / IPV / Hib (Diphtheria, tetanus Whooping cough, Hib and Polio vaccination) | 8 weeks | 12 weeks | 16 weeks |
| Pneumococcal PVC Vaccination | 8 weeks | 16 weeks | 12 – 13 months |
| Rotavirus (oral) | 8 weeks | 12 weeks | |
| Meningitis C | 12 weeks | | |
| Hib & MenC vaccination (12 months) | 12 – 13 months | | |
| MMR (Mumps, measles & Rubella) | 12 – 13 months | 3 years 4 months or after | |
| DTaP/IPV (pre-school booster, given as a single jab containing vaccines against diphtheria, tetanus, whooping cough (pertussis) and polio) | 3 years 4 months or after | | |
| HPV – given around 12- 13 years of age | Dose 1 | Dose 2 | Dose 3 |
| <u>3-in-1 (Td/IPV) teenage booster, given as a single jab which contains vaccines against diphtheria, tetanus and polio</u> | 13 – 18 years | | |
| Hepatitis B | Dose 1 | Dose 2 | Dose 3 |
| BCG | | | |

The Department of Health has asked us to collect ethnicity data to ensure everyone has equal access to health care.

| Ethnic Category | | Please tick | | Please tick |
|---------------------------------|-------------------------|------------------------------|---------------------|-------------|
| White | British | | Irish | |
| | Other white | | | |
| Mixed | White & Black Caribbean | | White & Black Asian | |
| | White & Asian | | Other mixed | |
| Asian / Asian British | Indian | | Bangladeshi | |
| | Pakistani | | Sri Lankan | |
| | Other Asian | | Korean | |
| Black / Black British | Black Caribbean | | Black African | |
| | Other Black | | | |
| Other | Chinese | | Arab | |
| | Other ethnic category | | Not Stated | |
| What is your country of origin? | | What is your first language? | | |

Surgery use: all children under age of 5 information to be passed to Health Visitors

