



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: Home: Mobile		Telephone Numbers: Home: 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

Diphtheria, tetanus, whooping cough, Hib, Polio and Hepatitis B 6-in-1	8 weeks	12 weeks	16 weeks
Pneumococcal PVC Vaccination	8 weeks	16 weeks	12 – 13 months
Meningitis B vaccine	8 weeks	16 weeks	1 year
Rotavirus (oral)	8 weeks	12 weeks	
Meningitis C	12 weeks		
Hib & Men C vaccination (12 months)	12 – 13 months		
MMR (Mumps, measles & Rubella)	12 – 13 months	3 years 4 months or after	
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
3-in-1 teenage booster, given as a single jab which contains vaccines against diphtheria, tetanus and polio	13 – 18 years		

Hepatitis B if given separately to 6- in-1	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