

**YOU MUST FULLY COMPLETE AND BRING TO RECEPTION TO REGISTER YOUR CHILD AS A PATIENT
AT GUDGEHEATH LANE SURGERY**



Child New Patient Health Questionnaire

PLEASE ENSURE YOU BRING YOUR CHILD'S HEALTH RECORD BOOK

Name	
Address	
Postcode	
Telephone No	
DOB	
Next of Kin	
Birth Mother's Full Name	
Biological Father's Full Name	
Any other significant adults living in the home?	
Name of School/Nursery (if applicable)	

Name of Person with Parental Responsibility:

**Is the child part of a current Armed Forces Family? OR a dependant of former service personnel?
YES / NO (admin – code appropriately)**

Please make us aware of any communication needs you or your child may have so that we can assist you:
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Are you happy for text messages, for medical reminders and surgery marketing (from the surgery only) to be sent to the mobile number given? **YES / NO**

Are you happy for the surgery to leave a message on an answerphone on the above numbers:
YES / NO

Vaccinations – ensure you bring the Child Health Book to the health check

Please give dates of vaccinations given:

	8 week immunisations	12 week immunisations	16 week immunisations
DIP TET Pert HIB POL			
Prevenar			
Men C			
Rotarix			
Hib/Men C			
	Date given		
1 st MMR (12 months old)			
Pre-school booster, DTP, Polio, 2 nd MMR			
School leaver booster			
Flu vaccination			
Pneumonia vaccination			

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Other vaccinations	
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Medical Details

Any known allergies:

Family History

Is there a family history of:	Diabetes	Yes / No
	Eczema	Yes / No
	Asthma	Yes / No
	Epilepsy	Yes / No

Any other conditions

Drugs / Medication

List any regular medications

Name Dosage

Name Dosage

Name Dosage

Please nominate a Pharmacy from where you would like to collect your child's medication?

Any other relevant health information

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Sharing of medical records: Please refer to the Privacy Notices given to you on registering your child as a patient at the surgery, or on our website.

We ask that you refer to the information in your child's registration pack or on our website

www.gudgeheathsurgery.co.uk to give your consent to share your child's medical record in the ways described.

However, you can ask for your child's information not to be shared outside of the practice. Please complete Data Sharing Options form and return this to the surgery. If you decide to opt your child out it will not affect your child's entitlement to care. However, it may result in the delivery of your care being less efficient as clinicians will not see your full medical history. If you have any concerns about how your information is shared or held, please contact the Practice Manager.

Name of Parent/Guardian.....

Signature of Parent/Guardian

Date

