

SALTDEAN & ROTTINGDEAN MEDICAL PRACTICE

NEW PATIENT QUESTIONNAIRE FOR CHILDREN

Please return completed questionnaire to the surgery with passport or birth certificate

SURNAME.....PREVIOUS SURNAME.....

FORENAME/S.....

ADDRESS.....

.....POSTCODE.....

TELEPHONE NUMBER.....Are you happy for us to leave a message YES / NO

DATE OF BIRTH..... MALE / FEMALE ETHNICITY.....

Are you happy for your childs Summary Care Records to go on the Spine? yes / no

MOTHERS DETAILS:

SURNAME.....FORENAME.....

ADDRESS (IF DIFFERENT FROM ABOVE).....

PAST MEDICAL HISTORY or MEDICAL CONDITIONS OF CHILD:

.....

REGULAR MEDICATIONS OF CHILD:

.....

ALLERGIES:-

.....

FOR CHILDREN UNDER 5 YEARS OLD:-

NAME OF PREVIOUS GP.....

NAME OF PREVIOUS HEALTH VISITOR.....

Please circle if you would like to collect your prescription from:

SURGERY BRIDGMANS COOP HEALTHY-U LLOYDS,ROTTINGDEAN LLOYDS,SALTDEAN

OTHER (please give details).....

DO YOU CONSENT TO PRESCRIPTIONS BEING SENT ELECTRONICALLY TO YOUR CHOSEN PHARMACY YES /NO