

SALTDEAN & ROTTINGDEAN MEDICAL PRACTICE

NEW PATIENT QUESTIONNAIRE FOR CHILDREN

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

SURNAME.....FORENAME/S

PREVIOUS SURNAME

ADDRESS.....

..... POSTCODE.....

TELEPHONE NUMBER.....consent to leave a messages/SMS text messages YES / NO

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

Are you happy for your Childs Summary Care Records to go on the Spine? YES / NO

PARENT 1 DETAILS:

SURNAME.....FORENAME.....TELEPHONE.....

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

PARENT 2 DETAILS:

SURNAME.....FORENAME.....TELEPHONE

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

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

BRIDGMANS / HEALTHY-U / LLOYDS, ROTTINGDEAN / KAMSONS, SALTDEAN /
WELL,WOODINGDEAN

OTHER(address & postcode).....

PAST MEDICAL HISTORY or CONDITIONS OF CHILD:.....

REGULAR MEDICATIONS OF CHILD:

ALLERGIES:.....

NAME OF SOCIAL WORKER (if applicable)

NAME OF PREVIOUS GP.....NAME OF PREVIOUS HEALTH VISITOR.....

ID SEEN (STAFF INITIALS)

< > PASSPORT

< > BIRTH CERTIFICATE