Kirkoswald Surgery
Kirkoswald
Penrith Cumbria CA10 1DQ

☎ 01768 898560

New Patient Health Questionnaire
Children / Young Adults (aged 0-18 years)

Thank you for joining Kirkoswald Surgery. To ensure that we have up to date medical and personal details, please complete this registration form as fully as possible. After completion the questionnaire should be returned to the Surgery.

The information you give us is confidential and is subject to the General Data Protection Regulation (GDPR) Our privacy Policy is enclosed.

Date form completed;	

Title		First Name		
Surname	Current Surname:			
	Previous Surnames:			
Date of Birth		Gender	Male	Female
Address		Who else lives in this household? (Please select all that apply)		
Postcode;		Mum ☐ Dad ☐ Step Parent ☐ Parent's Partner ☐ Grandparents ☐ Brothers & Sisters ☐ How many? Foster Carer ☐ Guardian ☐ Others, Please state		
Home Telephone Number		Mobile Telephone Number		
Email Address				
Who do these numbers belong to?	Email:			
	Home:			
	Mobile:			
Can we leave messages regarding your child on these numbers?		Mobile:	Yes ☐ No ☐	
		Home:	Yes ☐ No ☐	

Who has parental responsibility for this child? Please tell us their name, contact details (if not given above) and their relationship to child.	
Previous Address:	Previous GPs Name & Address
Health History	
Has your child had any serious illnesses or operations?	Yes ☐ No ☐
If Yes, What was this and when?	
Does your child have a disability or chronic condition?	Yes ☐ No ☐
Medication	
Is your child on any regular medication?	Yes ☐ No ☐
If Yes, Please tell us the name and dose: (if you have a list from your previous GP. Please give us a copy) (Please note you may need to see the GP for a first repeat prescription)	
Is your child allergic to any medication?	Yes ☐ No ☐
If Yes. Please state type and name:	
Which school or nursery does your child attend?	

Does your child have any contact with the following?	
A hospital specialist A health Visitor A social worker Any other health professionals	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
Has your child ever been under a child protection plan?	Yes ☐ No ☐

It is important that your Child's immunisations are kept up to date. A current photocopy of the immunisation history will help us maintain their immunisation record; we can take a photocopy at reception, if this is not available then please list below;

Immunisations		Date Given
1st Diphtheria, Tetanus, Whooping Cough, Polio, Hib, rotavirus*	Aged 2mth	
2nd Diphtheria, Tetanus, Whooping Cough, Polio, Hib, rotavirus*	Aged 3mth	
3rd Diphtheria, Tetanus, Whooping Cough, Polio, Hib	Aged 4mth	
1st Pneumococcal	Aged 2mth	
2nd Pneumococcal	Aged 4mth	
1st Meningitis C	Aged 3mth	
Hib/Meningitis C 1stMMR (Measles, Mumps & rubella) Booster Pneumococcal	Aged 12-13mth	
Booster – Diphtheria, tetanus, Whooping Cough, Polio Booster MMR (Measles, Mumps & rubella)		
Details of any other vaccinations;		

*Rotavirus included since 2012

Important;
All the information given to the practice as part of this form will be treated as confidential. However to give your child the very best health care we work closely with the health visiting and school nursing service. It is therefore our normal practice to share details of all children registering with the practice with our NHS colleagues in health visiting and School Nursing. If you prefer that we Do Not do this could you tick here. ☐

Ethnicity & Language Questionnaire

This short questionnaire will give the surgery staff some basic information about your communication support needs and ethnicity, to support your health care.

We would be grateful if you could complete one form for each family member joining the practice.

Name_____DOB_____

What is your main language _____

Do you need an interpreter or sign language support? Yes ☐ No ☐
What is your ethnic group?

Choose one section from below which best describes your ethnic group or background

White		Mixed or multiple ethnic groups	
British		Any mixed or multiple ethnic group	
Irish			
Polish		African	
Any other white ethnic group, please specify below:		African, African British	
		Other African, please specify	
Asian, Asian British		Caribbean or Black	
Pakistani or Pakistani British		Caribbean, Caribbean British	
Indian, Indian British		Other Caribbean or Black, Please specify:	
Bangladeshi, Bangladeshi British			
Chinese, Chinese British		Other Please Specify	
Other Asian, Please specify:			
If you would prefer not to provide us with this information, please tick here.			