

# Patient Health Questionnaire for Under 16 years of Age



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## Patient Details

First Names:	Date of Birth:	
Surname:		
Home Address:	Home Tel:	First Language:
	Work Tel:	
Postcode:	Mobile:	
	Email:	
Name & Address of Previous GP:		
Name & Address of Current School:		

## Ethnic Group

White	<input type="checkbox"/> British
	<input type="checkbox"/> Irish
	<input type="checkbox"/> Other (please specify)

Black	<input type="checkbox"/> Caribbean
	<input type="checkbox"/> African
	<input type="checkbox"/> Other (please specify)

Asian	<input type="checkbox"/> Indian
	<input type="checkbox"/> Pakistani
	<input type="checkbox"/> Chinese
	<input type="checkbox"/> Other (please specify)

Mixed	<input type="checkbox"/> White + Black
	<input type="checkbox"/> Pakistani
	<input type="checkbox"/> Chinese
	<input type="checkbox"/> Other (please specify)

## Proof of Identity and Address Provider?

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Hospital letter/GP Letter
<input type="checkbox"/> Child Tax Credit Letter	<input type="checkbox"/> Child's Red Book	<input type="checkbox"/> Other (please state) ie, medical card etc

Please provide 2 of the above for each child

**Medical Information**

Please list any serious illnesses/operations/accidents/disabilities and the year they took place.

**Relationship to Child**

Parent/Parents (please state parent/parents full names: \_\_\_\_\_)

Guardian

Carer/Foster Parent, please provide proof of responsibility

Other (please state)

Are there any residency orders in place for the child/children you are registering?

Yes/No

If yes please give details: \_\_\_\_\_

**Immunisations**

Are you child's vaccinations up to date?

Yes  No

Please could you bring your **CHILDS RED HEALTH RECORD BOOK** at your earliest convenience.

I believe all the information in my new patient health questionnaire to be accurate and correct to the best of my knowledge (please sign and date below when you visit the practice)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

