**Culloden Surgery**

**New Patient Questionnaire**

**Children Under 16**

|  |  |
| --- | --- |
| Full Name: | Date of Birth: |
| Address: | Primary Contact Name:Relationship to patient:Number: |
| Name of nursery/school attended: |  |
| Ethnic Origin:White: British [ ]  Irish [ ]  Scottish [ ]  Any other white background (please state): Asian or Asian British: Bangladeshi [ ]  Chinese [ ]  Indian [ ]  Pakistani [ ] Any other Asian background (please state): Black or Black British: African [ ]  Caribbean [ ]  Other (please state) Any other black background (please state): Mixed: White & Black African [ ]  White & Black Caribbean [ ]  White & Asian [ ]  Any other mixed background (please state): Other ethnic group (please state): Declined [ ]  |

**CONDITIONS, MEDICATION & ALLERGIES**

**Does the patient have any allergies?**

Yes [ ]  please give details

No [ ]

**Does the patient have any medical conditions or disabilities?**

Yes [ ]  please give details

No [ ]

**Please list any medication the patient is currently taking in the box below. If you have a medication list from the previous practice please attach it or send it alongside this form.**

|  |  |
| --- | --- |
| **Name and strength of prescribed medication** | **Dose** |
|  |  |

**Does the patient have any significant family medical history? (parents, brothers, sisters)**

Yes [ ]  please give details

No [ ]