

THE VILLAGE SURGERY- Southwater

CHILD NEW PATIENT HEALTH QUESTIONNAIRE

Thank you for registering your child with our Practice. We would be grateful if you could answer some background details so that we have useful information while waiting for medical records to arrive from your previous surgery.

Please complete in block capitals

Surname	
First Name (s)	
Full Address (including Postcode)	
Home Phone Number	

What is your child's first language?

Immunisations/Injections	Age Due	Date Given – if known
Diphtheria/Tetanus/Pertussis/Polio/Haemophilus Influenzae Type b (DTaP/IPV/Hib)	2 months	
Pneumococcal		
Rotavirus		
Diphtheria/Tetanus/Pertussis/Polio/Haemophilus Influenzae Type b (DTaP/IPV/Hib)	3 months	
Meningococcal Group C/Meningitis C		
Rotavirus		
Diphtheria/Tetanus/Pertussis/Polio/Haemophilus Influenzae Type b (DTaP/IPV/Hib)	4 months	
Pneumococcal		
Haemophilus Influenzae Type b /Meningitis C	Between 12 and 13 months old - within a month of the first birthday	
Measles, Mumps & Rubella (MMR)		
Pneumococcal		
Diphtheria/Tetanus/Pertussis/Polio (DtaP/IPV)	Three years four months old or soon after	
Measles, Mumps & Rubella (MMR)		
Girls Only : HPV for cervical cancer	Girls aged 12 to 13 years old	
Diphtheria, Tetanus and Polio	Around 14 years old	
Meningitis C		
Other Injections		

Has your child been diagnosed with any significant illnesses (i.e. asthma, diabetes, epilepsy)?	
Does your child suffer from any allergies? If so, what?	
Is your child on any medication? If so, what?	

Which school does your child attend / will your child be attending?

Parent/Guardian's Signature: Date:.....(Continues overleaf)

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REGISTRATION INFORMATION - Ethnicity and Language

Parent or guardian please complete for your children. Thank you.

Child's first name and surname.....

✓ **Please tick your ethnic category**

- | | |
|---|--|
| <input type="checkbox"/> British (White) | <input type="checkbox"/> Bangladeshi (Asian or Asian British) |
| <input type="checkbox"/> Irish (White) | <input type="checkbox"/> Any Other Asian Background (Asian or Asian British) |
| <input type="checkbox"/> Any Other White Background (White) | <input type="checkbox"/> Caribbean (Black or Black British) |
| <input type="checkbox"/> White and Black Caribbean (Mixed) | <input type="checkbox"/> African (Black or Black British) |
| <input type="checkbox"/> White and Black African (Mixed) | <input type="checkbox"/> Any Other Black Background (Black or Black British) |
| <input type="checkbox"/> White and Asian (Mixed) | <input type="checkbox"/> Chinese (Other Ethnic Groups) |
| <input type="checkbox"/> Any Other Mixed Background (Mixed) | <input type="checkbox"/> Any Other Ethnic Group |
| <input type="checkbox"/> Indian (Asian or Asian British) | <input type="checkbox"/> Not Stated |
| <input type="checkbox"/> Pakistani (Asian or Asian British) | |

If other please state:.....

✓ **Please tick your first or preferred language:**

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Italian | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Japanese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> British Sign Language | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Chinese Yue | <input type="checkbox"/> Makaton | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> English | <input type="checkbox"/> Mandarin Chinese | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Parsi | <input type="checkbox"/> Patois/Creole | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> French | <input type="checkbox"/> Polish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> German | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Welsh |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Punjabi | |
| <input type="checkbox"/> Gujerati | <input type="checkbox"/> Russian | |
| <input type="checkbox"/> Non verbal communication | | |
| <input type="checkbox"/> Any Other Language | | |

If other language please state:.....

The ethnic category and languages used above are as defined by and collected at the request of the Department of Health, the Gloucestershire Primary Care Trust and are assured by the Information Standards Board for Health and Social Care.