



NEW PATIENT HEALTH QUESTIONNAIRE FOR UNDER 16 YEARS OF AGE

Male/Female:	Date of birth:
First names:	Surname: Previous Surname (if applicable)
Home Address:	Previous Address:
Postcode:	Postcode:
Home Tel:	Home Tel:
Mobile:	Mobile:
Mothers details First names: Surname: Date of Birth: Address if different from above	Fathers details First names: Surname: Date of Birth: Address if different from above
Postcode:	Postcode:
Name & Address of person(s) with parental responsibility – please complete if different from above	Name: Address: Postcode:

<p>Are you registering with a GP for the first time?</p> <p>Yes or No (please state):</p> <p>From which Country:</p> <p>If you are registering for the first time you will need to provide a valid passport <u>and</u> a utility bill from your place of residence.</p> <p>(STAFF USE ONLY)</p> <p>Passport provided: Yes or No:</p> <p>Utility Bill provided: Yes or No:</p>	<p>Please give details of your previous GP (If applicable)</p> <p>Dr Name:</p> <p>Practice Name:</p> <p>Address:</p> <p>.....</p> <p>Postcode:</p> <p>Telephone:</p>
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Ethnic Group – please circle which one applies to the child

White European	Irish	Chinese
Black Caribbean	African	Other white
Asian Indian	Pakistani	
Other: (please state):		

<p>Are you currently taking any medication: (please state)</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Have you any known allergies: (please state)</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Do you have any health conditions: (please state)</p> <p>.....</p> <p>.....</p>	<p>School/College: (please state)</p> <p>.....</p> <p>.....</p>

Please note it may take up to 7 working days to process your application form

FOR STAFF USE ONLY

<p>New Patient questionnaire information entered on to Emis Web</p> <p>Patient No:</p>	<p>Date entered:</p> <p>Initials:</p>
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Thank you for completing this questionnaire
Welcome to Riverside Surgery