

**The Paradise Road Practice
New Patient Questionnaires (Children)**

It can sometimes take a while for your previous doctor's records to reach us. It would help us to have some basic details. Please complete this question and hand it in at reception. **PLEASE USE BLOCK LETTERS.**

Date: Your named GP is, Dr Cindy Lee

First name:

Surname:

Date of Birth:

Address:
.....

Post Code:

Parent's telephone: Home Mobile:

Email: Work Telephone:

What is your preferred telephone number for us to contact you on or leave voicemails?
.....

NEXT OF KIN (address & telephone number if different from yours)

Name:

Address:
.....

Post Code:

Relationship: Telephone:

PLEASE REMEMBER TO KEEP ALL THESE CONTACT DETAILS UP TO DATE, BY INFORMATING US OF ANY CHANGES

YOURSELF

Please list any illnesses, disabilities and operations.

Year	Condition
.....
.....
.....

Please list all medicines, tablets, injections, creams etc you are taking/using

Name	Dose	How often
.....
.....
.....

Are you allergic to anything, e.g medicines, especially antibiotics?

.....
.....

AGE

IMMUNISATIONS

DATE

2 months

3 months

4 months

Between 12 and 13 months

3 years and 4 months

PARENTAL RESPONSIBILITY

Who has parental responsibility? **Father/ Mother/ Both**

Sign:

Name:

Please tick if you are signing for both parents and sign again.

Sign:

Name:

SOCIAL WORKER

Does your child have a social worker ?

If yes: Social Worker Name:

Telephone number:

Thank you for completing the questionnaire. New patient over the age of 5 should have a simple health check with one of our nurses. Please arrange an appointment now at reception. If you are sending your children with Nanny, we will need a written authorisation with them when they come.