For children under 16 only

New patient information form

Have you ever been registered with our practice before?	Yes ☐	No ☐

Master ☐ Miss ☐	Family (Last) name:
First name:	E-mail:
Home Telephone No:	Mobile No:

Main language:	Do you need an interpreter:	Yes ☐	No ☐

Have you opted out of the Summary Care Record?	Yes ☐	No ☐
Are you a carer?	Yes ☐	No ☐
Have you got a carer?	Yes ☐	No ☐
Have you ever served in the Armed Forces in the UK?	Yes ☐	No ☐

Please list any medical conditions you may have.

Do you take any medication?	Yes ☐	No ☐

If yes, list your medications below. Please note these will need to be confirmed by your previous doctors before they can be issued.

Do you suffer from any allergies or disabilities? ***(e.g. hearing problems, wheelchair access, guide dog)***

Any medical conditions in your family ***(For example: Hypertension, mother, diagnosed in 1992, aged 49)***

Who is your next of kin? (Name, address, relationship + phone numbers)

Can we contact your next of kin in an emergency?	Yes ☐	No ☐
Can we discuss your medical records with your next of kin?	Yes ☐	No ☐

Weight:	kilograms		Height:	centimeters	
Smoking status:	Never smoked ☐	Smoker:	per day	Ex-smoker ☐	

School / Nursery

Name of the school / nursery:

Telephone number:

Parental responsibility

Name:	Telephone number:
Name:	Telephone number:

Siblings

Name:	Date of birth:
Name:	Date of birth:
Name:	Date of birth:
Name:	Date of birth:
Name:	Date of birth:

Social Worker (if applicable)

Name:	Telephone number:
Name:	Telephone number:

What is your ethnicity? (Optional)

☐ White British

☐ White Irish

☐ Any other White background, please state:

☐ White and Black Caribbean / White and Black British Caribbean

☐ White and Black African / White and Black British African

☐ White and Asian / White and British Asian

☐ Any other Mixed background, please state:

☐ Indian / British Indian

☐ Pakistani / British Pakistani

☐ Bangladeshi / British Bangladeshi

☐ Any other Asian background, please state:

☐ Black Caribbean / Black British Caribbean

☐ Black African / Black British African

☐ Any other Black background, please state:

☐ Chinese / British Chinese

☐ Any other ethnic group, please state: