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:**