

ASHGROVE GROUP PRACTICE

QUESTIONNAIRE FOR NEW PATIENTS UNDER 5YRS

(Please note: it is important to be as accurate as possible when filling out this questionnaire)

Name _____ Date of Birth _____

Address (inc. flat number)

Male Female

Telephone: _____

Postcode _____

Next of kin

Name _____

Other contact in emergency

Name _____

Address _____

Address _____

Telephone No. _____

Telephone No. _____

Relationship to patient: _____

Relationship to patient: _____

Are other members of your household registered/registering at the practice?

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Please indicate your ethnic group

White Scottish

White British

White Irish

Other white background (please state)

 Black Caribbean

Black African

Other Black background (please state)

Asian - Indian

Asian - Pakistani

Asian - Bangladeshi

Chinese

Other Asian background (please state)

Mixed race

Any other ethnic group (please state)

We can arrange an interpreter if you need one. Please state the language you require:

Medical Information

(If you are unsure about any answers please leave until you see the Doctor)

Do You Have Any Allergies?

(Please include drug allergies and non drug allergies e.g. penicillin, peanuts, bee sting, pollen etc)

Regular Medication: Please give details of medication (including over the counter medication) that you have been taking on a regular basis, so that we can put this on our computer for your repeat prescriptions.

Name of Drug	Dosage (if known)	Date Started

FAMILY HEALTH:

Please answer the following questions regarding family medical history by circling either YES or NO

Is there any history of any immediate family member with any of the following?

- | | | | |
|------------------------------|----------|---------------------|----------|
| Stroke before the age of 60? | YES / NO | High Blood Pressure | YES / NO |
| Angina before the age of 60? | YES / NO | Cancer | YES / NO |
| Diabetes | YES / NO | Asthma | Yes / NO |

Parent/Guardian Signature): _____

Date: _____