The Hicks Group Practice

New Patient Questionnaire – Under 16s

Name and Title		
Age and Date of Birth		**Male / Female**
Address		
Previous Address		
Nationality		
Place of Birth		
Full name of Main Carer		
Relationship to child		
Who has Parental Responsibility?		
First language of carer		
First language of child		
Siblings – names & ages		
Home phone number		
Mobile phone number		
Work number		
Email address		

Please note that by giving your email address and mobile number you consent to us using this address for reminders and information that maybe confidential. Please tick box if you do *not* want us to use these ☐

Next of kin - if different from above (name, address + telephone number)		
Ethnic origin of child Please tick:	White British	Indian / British Indian
	Irish	Pakistani / British Pakistani
	Other White	Bangladeshi / British Bangladeshi
	Caribbean	Chinese
	African	Other Asian
	White & Black Caribbean	Other Black
	White & Black African	Other Mixed
Religion		

Allergies Does your child have any allergies? If yes please note below

Smoking		
Are you a smoker?	Never Smoked Ex-Smoker Current Smoker (please tick)	
Smoking is the biggest cause of preventable deaths in England. One in two smokers will die from a smoking-related disease therefore we would strongly recommend that you stop smoking.		
Would you like an appointment with the nurse to discuss stopping smoking?		Yes No

Family History -	**Yes /No Also please state family member**			
- Heart Attack / Angina				
- High Blood Pressure				
- Stroke or mini Stroke				
- Diabetes				
- Asthma				
- Cancer **(please state type)**				
Exercise (please tick)	None	Light	Moderate	Heavy
Is your child registered disabled? (XaZYA)				
Do you or your child have any special communication requirements? e.g. large print, hearing loop etc.				
Does your child have a carer?	Yes No			
Carers Name	Contact number			
Is your child a young carer?	Yes No			
Name and address of previous GP				
Name of school				

Please Note
If your child is on any regular repeat medications please bring a copy of their most recent repeat medication slip from your previous GP surgery.

We will issue one months supply of your medication but your child will need to see the Doctor to review their medical conditions and medications before any repeat prescriptions are issued.