

# GADE SURGERY

Gade House: 01923 775291  
Witton House: 01923 283900

## NEW PATIENT QUESTIONNAIRE CHILDREN 0-16 YRS

Please complete in black ink

Surname	Forename			
Address	Dob	Religion	Country of origin	

### GENERAL INFORMATION

Name and relationship to child of main carer eg. mother	
First language of child and carer	
Name of school for school age children	
Birth weight and any problems at birth and shortly afterwards	
Serious illnesses and operations	
Developmental problems	
Regular medications of any kind	
Allergies	

### FAMILY HISTORY (any serious illnesses in close relatives)

Mother	
Father	
Brothers	
Sisters	

### IMMUNISATION HISTORY

Diphtheria/Tetanus/Pertussis/Hib	
Meningitis C	

Polio	
MMR	
<b>Pre-School Booster</b>	
Diphtheria/Tetanus	
Polio	
MMR2	

**Patient Ethic Origin Questionnaire**

This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions

Choose ONE section from A to E, and tick ONE box to indicate your background

**Name:**  
**Date or Birth:**

**A WHITE**

<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Any other white background indicate below
<input type="checkbox"/>	

**B MIXED**

<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	White and Black African

	Any other mixed background indicate below

**C ASIAN or ASIAN BRITISH**

	Indian
	Pakistani
	Bangladeshi
	Any other Asian background indicate below

**D BLACK or BLACK BRITISH**

	Caribbean
	African
	White and Asian
	Any other black background indicate below

**E CHINESE or other ethnic group**

	Chinese
	Any other please write below