

# Dr Oraelosi & Partners

## New Patient Registration Form CHILD

<u>Today's Date:</u>
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Please complete this confidential questionnaire (one for each member of the family to be registered with the Practice).

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

If you are newly arrived in this country, please bring your passport to confirm your date of birth and entitlement to NHS treatment.

Please complete a separate form for each family member to be registered.

<b>Full Name:</b>				<b>Telephone Number:</b>				
<b>Mr / Mrs / Miss / Ms / Other.....</b>				<b>Work Number</b>				
<b>Address and Postcode</b>				<b>Mobile Number:</b>				
				<b>E-mail Address:</b>				
				<b>Next of Kin:</b>				
				<b>Next of Kin Contact Number:</b>				
<b>Date of Birth:</b>		<b>Previous / Mother's surname if different:</b>		<b>Other residents of your home:</b>				
<b>Marital Status:</b>		<b>Gender:</b>	<b>Male:</b>					<b>Female:</b>
<b>Town &amp; Country of Birth</b>								
<b>Names and ages of Sibings</b>								
<b>Housing (Select one)</b>	<b>House</b>	<b>Maisonette</b>	<b>Flat</b>	<b>Mobile Home</b>	<b>NHS Number (If Known)</b>			
<b>Previous Address</b>				<b>Previous Postcode:</b>				
				<b>Previous Doctor Telephone No.</b>				
<b>Previous Doctor Name &amp; Address:</b>				<b>Previous data released?</b>	<b>Yes</b>	<b>No</b>		
				<b>If applicable, date you first came to live in Britain:</b>				
<b>Your height:</b>	<b>Feet / inches</b>	<b>cm</b>	<b>Your weight:</b>	<b>Stones / lbs.</b>	<b>kg</b>			
<b>Your Religion:</b>	<b>C of E</b>	<b>Catholic</b>	<b>Other Christian (state)</b>	<b>Buddhist</b>	<b>Hindu</b>	<b>Muslim</b>		
	<b>Sikh</b>	<b>Jewish</b>	<b>Jehovah's Witness</b>	<b>No religion</b>	<b>Other religion (state)</b>			

<b>Your Ethnic Origin: (select one)</b>		<b>White (UK) 9i0</b>	<b>White (Irish) 9i1%</b>	<b>White (Other) 9i2%</b>		
<b>Caribbean 9i3</b>		<b>African 9i4</b>	<b>Asian 9i5</b>		<b>Other Mixed Background 9i6%</b>	
<b>Indian / Brit Indian 9i7</b>		<b>Pakistani / Brit Pakistani 9i8</b>	<b>Bangladeshi / Brit Bangladeshi 9i9</b>		<b>Other Asian Background 9iA%</b>	
<b>Other Black Background</b>		<b>Chinese 9iE</b>	<b>Other 9iF%</b>		<b>Ethnic Category not stated 9iG</b>	
<b>Your main or 1<sup>st</sup> language Spoken / Understood: (select one)</b>		<b>English</b>	<b>Hindi</b>	<b>Gujurati</b>	<b>Urdu</b>	<b>Bengali /Sytheti</b>
<b>Polish</b>	<b>Ukrainian</b>	<b>French</b>	<b>German</b>	<b>Spanish</b>	<b>Other: (Please Specify)</b>	
<b>Smoking, Alcohol Consumption and Exercise: Over 14 Year Olds</b>						
<b>Are you currently a smoker?</b>		<b>Yes</b>	<b>No</b>	<b>Have you ever been a smoker?</b>		<b>Yes</b> <b>No</b>
<b>If so, how many cigarettes / cigars / tobacco do you smoke in a week?</b>				<b>How much alcohol do you drink in a week (Units)?</b>		
<i>If you are a smoker and want to stop, please ask for information about local smoking cessation services.</i>				<i>(One unit = 1 small glass of wine, a single measure of spirits, or 1/2 a pint of beer)</i>		
<b>How often do you exercise?</b>		<b>No. times per week</b>		<b>Type(s) of exercise:</b>		
<b>Your Medical Background:</b>						
<b>What illnesses has the child had and when ?</b>						
<b>What operations has your child had and When?</b>						
<b>Does your Child have any medical problems at present?</b>						
<b>Please list any tablets, medicines or other treatments your child is currently taking: (incl. dose + frequency)</b>						
<b>Is your child able to administer your their medicines?</b>		<b>Yes</b>	<b>No – please detail specific issues (e.g. swallowing, opening containers)</b>			

Are there any serious diseases that affect their Parents, Brothers or Sisters (tick all that apply)	Diabetes	Heart Attack	Heart attack under age of 60	Bowel Cancer		
	Breast Cancer		High Blood Pressure	Asthma	Stroke	
	Thyroid Disorder		Any other important Family Illness?			
What immunisations has your child had? (please tick all that apply)	Diphtheria	Measles	German Measles	Tetanus	Polio	MMR
	Whooping Cough		Pre-school booster	Triple vaccine (Diphtheria, Tetanus & Pertussis) – 3 doses		
<b>Specific Needs:</b>						
Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:						
Please state any Sensory Impairment they have (i.e. Speech, Hearing, Sight):						
Are they an 'Assistance Dog' User?						
Please state any Physical disabilities they have:						
Please state any Mental disabilities they have:						
Please state any requirements they have to be able to access the Practice premises						
Please state any Religious or Cultural needs:						
Do they require the help of a Translator / Interpreter?						
Please state any specific nutritional requirements they have:						
Please state any allergies and sensitivities they have:						
Please state any phobias they have:						
If you have a Carer, please state their name / address / phone number and sign here if you wish us to disclose information about your health to your Carer.		<u>Carer Contact Details:</u>				
		<u>Signed:</u>			<u>Date:</u>	
<b>Summary Care Records.</b>						
The NHS are changing the way your health information is stored and managed. The NHS Summary Care record is an electronic record of important information about your health. It will be available to health care staff providing your NHS Care. An information pack has been provided.						
Are you happy to have a Summary Care Record?	Yes	No	More Time Required to decide:			
Patient Signature:				Signature on behalf of Patient:		

***Your physical examination will include having your height, weight and blood pressure taken, and a specimen of urine for testing (it would be helpful if you would bring a specimen with you when coming to the Practice).***

***The Consultation will also establish relevant past medical and family history, including:***

- ***Medical factors - illnesses, immunisations, allergies, hereditary factors, screening tests, current health***
- ***Social factors - employment, housing, family circumstances***
- ***Lifestyle factors - diet and exercise, smoking, alcohol and drug abuse.***
- ***ALL RED BOOKS OR A TRANSLATION OF THEIR IMMUNISATIONS MUST BE SEEN***

**Thank you for completing this form**

***For more information about the services we offer, please refer to your new patient pack  
or see our website: [To Be Confirmed](#)***