**Culloden Surgery**

**New Patient Questionnaire**

**Children Under 16**

|  |  |
| --- | --- |
| Full Name: | Date of Birth: |
| Address: | Primary Contact  Name:  Relationship to patient:  Number: |
| Name of nursery/school attended: |  |
| Ethnic Origin:  White: British  Irish  Scottish  Any other white background (please state):  Asian or Asian British: Bangladeshi  Chinese  Indian  Pakistani  Any other Asian background (please state):  Black or Black British: African  Caribbean  Other (please state)  Any other black background (please state):  Mixed: White & Black African  White & Black Caribbean  White & Asian  Any other mixed background (please state):  Other ethnic group (please state):  Declined | |

**CONDITIONS, MEDICATION & ALLERGIES**

**Does the patient have any allergies?**

Yes  please give details

No

**Does the patient have any medical conditions or disabilities?**

Yes  please give details

No

**Please list any medication the patient is currently taking in the box below. If you have a medication list from the previous practice please attach it or send it alongside this form.**

|  |  |
| --- | --- |
| **Name and strength of prescribed medication** | **Dose** |
|  |  |

**Does the patient have any significant family medical history? (parents, brothers, sisters)**

Yes  please give details

No