

# New Patient Questionnaire for Under 16's

*If you would like this information in an alternative format, i.e. large print or easy read, or if you need help communicating with us, for example because you use British Sign Language, please let us know on 02380 663839*

Please complete the following about your child:

Name.....

Address.....  
.....  
.....

Post Code.....

Gender: Male  Female  Date of Birth ...../...../.....

Please state **YOUR** name contact numbers and relationship to child below (i.e Mother, Father, Carer, Guardian etc).

Your Name.....

Are you Next of Kin? Yes  No

Your Address (if diff from above).....  
.....

Relationship to child.....

Telephone..... Mobile.....

Next of Kin details if different from above.....  
.....

## Ethnic Background

- |                             |                          |                         |                          |
|-----------------------------|--------------------------|-------------------------|--------------------------|
| British or mixed British    | <input type="checkbox"/> | Other White Background  | <input type="checkbox"/> |
| Chinese                     | <input type="checkbox"/> | (Please Specify).....   |                          |
| White and Black Caribbean   | <input type="checkbox"/> | White and Black African | <input type="checkbox"/> |
| Pakistani/British Pakistani | <input type="checkbox"/> | Indian/British Indian   | <input type="checkbox"/> |
| Other (please specify)..... | <input type="checkbox"/> | Do not wish to disclose | <input type="checkbox"/> |

Main language to be spoken (please specify).....

**If you would like to register your child for our online appointment service** please return to the surgery after 2 weeks with YOUR Photo ID and we will print the form while you wait.