Eaglescliffe Medical Practice
New Patient Questionnaire – Under 12 years old

CHILD`S NAME:……..
D.O.B…….

I would be grateful if you could provide us with your child`s ethnic origin. This is useful for your GP to know as the prevalence of disease be can different with each ethnic origin.

White British ☐
Other ethnic group Please specify……..

I would rather not answer this question ☐

Family links – It is helpful to know who resides at the same address as the child. Please complete the information below as applicable:

Mothers name:	**D.O.B:**	**Contact number:**
Fathers name:	**D.O.B**	**Contact number:**
Guardian/Carer (if applicable)		
Name:	**D.O.B**	**Contact number:**

Health/Learning disability information

School child attends:

Do you or your family require immediate contact with your allocated Health Visitor?

YES NO

If not your Health Visitor will make contact with you as a course of routine at the appropriate age for your child/children. The health visiting team can be contacted on 03333 202 302