



For staff purposes only:

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# Eastgate Surgery

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## New 0- 16 Patient Questionnaire.

For Staff purposes only	
Form checked by:	Date (please stamp):
ID seen (please tick): YES NO	Name of staff member:

**PLEASE COMPLETE THIS FORM CLEARLY, IN BLOCK CAPITALS AND IN BLACK INK.**

### **Personal information.**

Full Name	
Date of Birth	
NHS Number	
Address	
Post code	
Mobile number	
Landline number	
Town and Country of birth	
If born outside of the UK, please state the date you entered the country	
<b>Parent details</b>	
Mothers' details	
Full name	
Date of birth	
Address	
Contact Number	
Parental responsibility? (Please tick)	Yes No
Father's details	
Full Name	
Date of birth	
Address	
Contact Number	
Parental responsibility? (Please tick)	Yes No
<b>Details of any other primary carers</b>	

Carer one	
Full name	
Address	
Date of birth	
Relationship to child	
Contact number	
Carer two	
Full name	
Address	
Date of birth	
Relationship to child	
Contact number	

### **Monitoring information.**

Effective monitoring is a requirement for the NHS as part of the Equality Act 2010. Patients are asked to provide their data on a voluntary basis, it is stored anonymously and used confidentially, it is not used to identify anyone. We encourage everyone to provide this information. Collecting and analysing equality information is an important way for us to develop this understanding to help us identify what we need to change to improve our services to patients.

<b>Ethnicity</b>				
White (please tick)	English	Scottish	Welsh	European
Asian (please tick)	Asian British	Indian	Bangladeshi	Pakistan
Black (please tick)	Black British	Caribbean	African	
Other (please specify your ethnicity if not listed above)				

<b>Religion (please tick)</b>						
Christian	Hindu	Jewish	Buddhist	Muslim	Atheist	Other
If other, please specify						

### **School information.**

Childs previous school	
Childs current school	
Childs previous health visit	

**Immunisations.**

Please provide a full list of immunisations for the child. You can obtain this from your previous surgery, or the red book if your child is aged 0- 5.

**Young carers.**

Is your child a main carer for someone? (please tick)	Yes	No
Name of the individual the child is caring for.		
Relationship to child.		