Ashford Medical Partnership

Dr A Naky & Partners

New Patient Questionnaire
(Under 16 year olds)

Personal Details:

Surname: Date of birth:

Forename(s): Male / Female:

Address:

Postcode:

NHS No: Nationality:

Place of birth:

Next of Kin / Main Carer *(full name)*:

Home telephone number: Mobile number:

Relationship to child: Ethnicity *(please tick)*

First language of child: White ☐

First language of carer: Black ☐

Birth weight and any problems at birth: Asian ☐

Any developmental problem? Chinese ☐

Name and address of previous GP: Eastern European ☐

Name of school *(if applicable):* South American ☐

Your previous address: Mixed race ☐

Willesborough Health Centre
Bentley Road
Ashford
Kent
TN24 0HZ
Tel 01233 621626

Singleton Health Centre
10 Singleton Centre
Ashford
Kent
TN23 5GR
Tel 01233 645888

St Stephens Health Centre
St Stephens Walk
Ashford
Kent
TN23 5AQ
Tel 01233 622474

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Past Medical History:

Please list any illnesses / operations *(there is additional space on the back of this form if needed)*

Are you allergic to medication:

☐ Yes ☐ No

If yes, which type of medication:

Do you suffer from *(please tick if you do):*

☐ Asthma ☐ Diabetes ☐ Thyroid Disease

☐ High blood pressure ☐ Epilepsy ☐ Heart Disease

☐ Depression / Anxiety ☐ Other mental health issues *(please specify):*

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Family History:

Are any of your closest family members affected by any of these conditions *(please tick):*

☐ Asthma ☐ Diabetes ☐ Glaucoma

☐ Blindness ☐ Tuberculosis ☐ Heart Disease

☐ Infectious diseases ☐ Other *(please specify)*

_____

☐ Cancer – type of cancer if known

_____

Immunisations – *please give date when these vaccinations were given*:

8 weeks old:	6-in-1 vaccine (Diphtheria, tetanus, pertussis, polio, HIB, Hepatitis B), Pneumococcal, MenB, Rotavirus. ***Date given:***
12 weeks old:	6-in-1 vaccine (Diphtheria, tetanus, pertussis, polio, HIB, Hepatitis B), Rotavirus ***Date given:***
16 weeks old:	Pneumococcal, MenB, 6-in-1 vaccine (Diphtheria, tetanus, pertussis, polio, HIB, Hepatitis B) ***Date given:***
1 year old:	MMR, HIB/MenC, Pneumococcal, MenB ***Date given:***
3 years 4 months *(Pre-school booster)*:	4-in-1 (Diphtheria, tetanus, pertussis, polio), MMR ***Date given:***
12-13 years (year 8 at school):	1st HPV vaccine and 2nd HPV vaccine *(6-12 months after 1st dose)* ***Date given:***
14 years:	3-in-1 teenage booster (tetanus, diphtheria, polio), MenACWY ***Date given:***

Extra space for additional information
(Please include any other relevant information you think the GP should be aware of)

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