The Langton Medical Group
"Learning From Caring"

New Patient Questionnaire- Child Under 16

Personal Details

Surname:	
Forename(s):	
Date of Birth:	
Address:	
Post Code:	Telephone No:
School:	
Do you consent to us contacting you via SMS text? Yes ☐ No ☐	
Do you consent to us contacting you via email? Yes ☐ No ☐	Email:
Are you housebound? (Please tick) Yes ☐ No ☐	Are you a carer? Yes ☐ No ☐ *see below
Do you have any disabilities or access needs, we need to be aware of? Or any communication requirements? E.g. Hearing loop. If so, please state:	

Ethnicity & Language

The Government has requested that we record the ethnicity and first language of all of our patients. Please circle the category which best describes you:

White British ☐	Mixed British ☐	Other Black Background ☐	White and Asian ☐
White British and Black Caribbean ☐	Chinese ☐	Other mixed Background ☐	Other Asian Background ☐
White and Black African ☐	Caribbean ☐	Pakistani or British Pakistani ☐	
Other White Background ☐	African ☐	Indian or British Indian ☐	

Other ethnicity not listed above:	
What is your first language?	
If not English, do you require a translator?	

Family History (Parents, brothers, sisters or children)

Asthma		Bowel Cancer	
Diabetes		High Cholesterol	
Stroke		Breast Cancer	
Heart Trouble		Other Inherited Disease (please state)	

Lifestyle

How much do you weigh?		What is your height?	

Illness, Drugs and Treatment

Please nominate a Pharmacy for prescriptions to go to …….

If you are on repeat medication please attach a copy of your repeat prescription slip. This is available from your pharmacy or previous GP Surgery.

Please give details of any important illnesses or operations you have had. Please include any dates.

Do you have any allergies?	Yes (please state):	No	

Immunisations - *Children up to the age of 16 (Based on the Routine childhood immunisation programme 2018)*

Please indicate which immunisations your child has had and what date they were given.

		Age	Given on (date)
Diptheria, Tetanus, Pertussis (Whooping cough), Polio & Hep B	1st	8 weeks	
	2nd	12 weeks	
	3rd	16 weeks	
Diptheria, Tetanus, Pertussis & Polio	Booster	36 months	
Rotavirus	1st	8 weeks	
	2nd	12 weeks	
Pneumococcal	1st	8 weeks	
	2nd	16 weeks	
Meningococcal Group B	1st	2 months	
	2nd	12 months	
Hib/Men C	Booster	12 months	
MMR	1st	12 months	
	2nd	36 months	
HPV- girls (2 doses 6-24 months apart)		12-13 Yrs	
Tetanus, Diptheria & Polio	Booster	13-18 Yrs	
Meningococcal groups A, C, W & Y		14 years	

* This is to enable us to support you as a Carer. For example inviting you in for immunisations which you would not normally receive if we did not know you were a Carer