The Villages Medical Centre
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Surrey, GU23 7BP

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NEW PATIENT QUESTIONNAIRE FOR PATIENTS AGED 12 & UNDER

WELCOME TO THE VILLAGES MEDICAL CENTRE

PLEASE SPARE A FEW MOMENTS TO COMPLETE BOTH SIDES TO ENSURE WE HAVE UP-TO-DATE INFORMATION

First Name:
Last Name:
Title: Mr/Mrs/Miss/Ms/Other
Date of Birth:
Address:

Post Code:
Telephone No:

Next-of-kin:
Name:
Address:

Telephone No.

PLEASE LIST ANY ALLERGIES:

ETHNICITY *Please tick appropriate box*

- □ British
- □ Irish
- □ Other White
- □ White & Black Caribbean
- □ White and Black African
- □ White and Black Asian
- □ Other Mixed Background
- □ Indian or British Indian
- □ Pakistani or British Pakistani
- □ Bangladeshi or British Bangladeshi
- □ Other Asian background
- □ Caribbean
- □ African
- □ Other Black background
- □ Chinese
- □ Other
- □ Ethnic category not stated

Preferred communication method for patients who have problems with sight, hearing, speech or learning disability:

- ☐ Home/mobile phone
- ☐ Text
- ☐ E-mail
- ☐ Letter (large font available)

CURRENT MEDICAL PROBLEMS		
Do you suffer from any of the following?		
If Yes, please enter year of diagnosis		
	YES	**NO**
Asthma	□	□
Cancer	□	□
Chronic Kidney Disease	□	□
Heart Disease	□	□
Hypothyroidism	□	□
Diabetes	□	□
Epilepsy	□	□
Hypertension	□	□
Any other?		

VACCINATIONS *Please list*

CURRENT MEDICATION *Please list*

FAMILY MEDICAL HISTORY

e.g. Asthma, Diabetes, Cancer, Hypertension, Epilepsy, Heart Disease, Stroke, Kidney Disease, Hypothyroidism

Father

Mother

Siblings

PAST MEDICAL HISTORY

Please detail any, operations or illnesses

**** THE NAMED ACCOUNTABLE GP YOU WILL BE REGISTERED WITH WILL BE: DR KAREN NEVIN**

SUMARY CARE – A Summary Care Record will be made for you, but if you wish to opt out of this then please complete an SCR Opt-out form. You can either download this from the practice website www.thevillagesmc.co.uk or collect a copy from the surgery.

Signature of Parent/Guardian ____

Date ____