

**PATIENT REGISTRATION
APPLICATION & QUESTIONNAIRE FOR UNDER 18 YEARS**

It can take up to 3 months for us to receive medical records, so please complete as much information as possible to assist us with your/your child's care. We appreciate that many of these questions will not apply to all children, depending on their age group, but please complete as many details as possible. Teenage children may not wish to complete certain details due to confidentiality, if this is the case, please leave details blank.

PERSONAL DETAILS

MALE/FEMALE:	ETHNIC ORIGIN:	FIRST LANGUAGE:
SURNAME:	FORENAMES:	
ADDRESS:		
POSTCODE:	TELEPHONE NUMBER: MOBILE NUMBER:	
DATE OF BIRTH:		
SCHOOL/OCCUPATION (if applicable):		
ALTERNATIVE CORRESPONDENCE/COMMUNICATION NEEDS? EG. BRAILLE / LARGE PRINT / AUDIO TAPE / BRITISH SIGN LANGUAGE		

DETAILS OF MOTHER/FATHER/GUARDIAN (next of kin)

SURNAME:	FORENAME:
ADDRESS:	
POSTCODE:	TELEPHONE NUMBER:
RELATIONSHIP:	

FAMILY HISTORY

	AGE & STATE OF HEALTH	IF DECEASED – PLEASE STATE AGE & CAUSE OF DEATH
FATHER		
MOTHER		
BROTHERS		
SISTERS		

PAST MEDICAL HISTORY – OPERATIONS & DATES

OPERATION:	DATE:

DO YOU HAVE ANY CURRENT MEDICAL CONDITIONS

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HAVE YOU OR ANY CLOSE RELATIVE EVER SUFFERED FROM/WITH

	Relative	You		Relative	You
HIGH BLOOD PRESSURE			ISCHAEMIC HEART DISEASE		
THYROID DISEASE			BREAST CANCER		
	Relative	You		Relative	You
DIABETES			COLONIC CANCER		
HEART DISEASE			GLAUCOMA		
OSTEOPOROSIS			ASTHMA		
STROKE			OBESITY		

IMMUNISATIONS

APPROXIMATE DATE OF LAST : (if known)

TETANUS:

POLIO:

DIPHTHERIA:

MMR 1ST & 2ND

PNEUMOCOCCAL:

HPV VACCINATION (girls only, aged from 13 yrs):

CONTRACEPTION & SEXUAL HEALTH (if applicable)

CONTRACEPTION USED:

CHLAMYDIA SCREENING (aged 15 yrs and over) YES/NO If yes, date of test:

ALCOHOL (if applicable)HALF A PINT OF BEER or ONE GLASS OF WINE or ONE MEASURE OF SPIRITS = 1 UNIT

HOW MANY UNITS DO YOU DRINK PER WEEK:

SMOKING (if applicable)

HOW MANY OF THE FOLLOWING DO YOU SMOKE PER WEEK:

PIPE TOBACCO (OUNCES) =

CIGARS =

CIGARETTES =

ALLERGIES

ARE YOU ALLERGIC TO ANYTHING?

CARERS (if applicable) is a member of your family dependant on you for their wellbeing?

ARE YOU THE MAIN CARER FOR A MEMBER OF YOUR FAMILY? YES/NO

If yes, which member of your family do you care for? (i.e. mother, father, sibling)

ARMED FORCES

ARE YOU A MEMBER OF A CURRENT OR FORMER SERVICEMAN OR WOMAN'S IMMEDIATE FAMILY/HOUSEHOLD?

NOTE: Should your child require repeat medication please make an appointment to see the doctor and allow at least 5 working days to allow for the prescription to be ready for collection. Once registration is complete and your child's details have been added to the computer system the usually time of 72 hours will apply for the issue of repeat medication.

FAST Questionnaire To be completed by children 16 to 18 years – Patient Name: (1 drink = / pint of beer or 1 glass of wine or 1 single spirits)					
MEN: How often do you have EIGHT or more drinks on one occasion? WOMEN: how often do you have SIX or more drinks on one occasion?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily
How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily
In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?	<input type="checkbox"/> No		<input type="checkbox"/> Yes, on one occasion		<input type="checkbox"/> Yes, on more than one occasion