

## 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.                                |     |    |