



Strand Medical Group

STRAND MEDICAL GROUP 'NEW PATIENT' QUESTIONNAIRE FOR 5-16 YEAR OLDS

Child's Name:

Name of Parent/Guardian:

Date of Birth of Child:

Address:

.....

Post Code:

Ethnic Origin – please tick one of the following:

- | | |
|--|--|
| <input type="checkbox"/> African | <input type="checkbox"/> Other Asian Background |
| <input type="checkbox"/> Bangladesh / British Bangladesh | <input type="checkbox"/> Other Black Background |
| <input type="checkbox"/> British / Mixed British | <input type="checkbox"/> Other Mixed Background |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Other White Background |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other |
| <input type="checkbox"/> Ethnic Category not stated | <input type="checkbox"/> Pakistani / British Pakistani |
| <input type="checkbox"/> Indian / British Indian | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Irish | <input type="checkbox"/> White and Black African |
| | <input type="checkbox"/> White and Black Caribbean |

Immunisations up to date? YES/ NO

Serious illnesses in the past? YES/NO

Asthma

Diabetes

Epilepsy

Kidney problems

Other

Prescribed medicines being taken:
.....
.....

Drug allergies:

Other allergies:

Height:

Weight:

Urine: