

## SOUTHWAY SURGERY – AGED 12 AND UNDER

Welcome to Southway Surgery. To register with this Practice, please complete this questionnaire as fully as possible. It may take some time for your previous medical records to reach us. The information you give will help us to provide you with good medical care.

Personal Details				
<b>Title</b>	Mrs/Miss/Ms/Mr	<b>Have you been registered here before?</b>	Yes	No
<b>Surname</b>		<b>Forename(s)</b>		
<b>Date of Birth</b>		<b>Gender</b>	Male	Female
<b>Home Tel. number</b>		<b>Mobile Tel. number</b>		
<b>Next of Kin (parent/guardian)</b>		<b>Relationship to child (mother/father ect.)</b>		
<b>Their Contact number</b>		<b>Their Address</b>		

Ethnicity					
<b>White</b>	British	Irish	Other white		
<b>Asian</b>	British	Bangladeshi	Indian	Pakistani	Other Asian
<b>Black</b>	British	African	Caribbean	Other black	
<b>Mixed</b>	Asian & White	Asian & Black	Asian & Caribbean	White African	White Caribbean
<b>Other</b>	Chinese	Japanese	Middle Eastern	Turkish	Any other ethnicity
<b>Please advise us of your first language</b>			English	<b>Other (please state)</b>	

<b>Any known allergies</b>	Yes	No	<b>Allergic to</b>	
<b>Details of reaction</b>				

<b>Do you have any special communication needs?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please state: Sign language <input type="checkbox"/> Large Print/Braille <input type="checkbox"/> Language <input type="checkbox"/> Other <input type="checkbox"/> _____
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<b>Repeat medication</b>	
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<b>Are you on any repeat medication</b>	Yes	No
<b>If 'yes', do you have a repeat prescription slip from your previous GP?</b>	Yes	No

If "Yes", please hand it in at Reception. If "No" then make sure you show Reception all your medication in its original packaging and labelling. We may need to contact your previous GP surgery to confirm your medication.

<b>Medical History</b>
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Do you have, or have you had, any serious medical problems (including operations) / long term conditions?

	Yes	No	Details	Date (if known)
Asthma				
Cancer				
COPD				
Chronic kidney disease				
Diabetes				
Epilepsy				
Heart attack/disease				
High blood pressure				
High cholesterol				
Osteoporosis				
Stroke				
Mental health problems				
Underactive thyroid				
Circulation problems				
Other serious illnesses				
Any operations				