Tenby Surgery
Meddygfa Dinbych-y-Pysgod

New Patient registration health Questionnaire-child under 14

As your child is a new patient to the Practice it would be helpful if you could give us the following information. **Please bring the child's RED BOOK when you register your child**. All information on this form will be kept confidential. Please return the completed forms to reception along with the registration form.

PERSONAL DETAILS:

Surname:	First Name(s):
NHS number:	
D.O.B.	
Address:	
Postcode:	
Home phone number:	
Mobile phone number:	
Email address:	
Gender:	
Ethnicity:	

White

Welsh ☐
English ☐
Scottish ☐
Northern Irish ☐
British ☐

Asian, Asian Welsh or Asian British

Indian ☐
Pakistani ☐
Bangladeshi ☐
Chinese ☐
Any other Asian background ☐

Black, Black Welsh, Black British, Caribbean or African

Caribbean ☐
African ☐
Any other Black, Black British or Caribbean background ☐

Mixed or multiple ethnic groups

White & Black Caribbean
White & Black African ☐
White & Asian ☐
Any other mixed or multiple ethnic background

Other ethnic groups

Arab ☐
Any other ethnic group ☐

Family details

Mother's Name

Contact number

Address(if different from child)

Father's Name

Contact number

Address(if different from child)

Who has parental responsibility? (Please tick one or both if applicable)

Mother ☐ Father ☐ Someone else ☐ (please state name and relationship to child below)

Emergency contact details: these contacts will only be used in case of an emergency

Name of next of kin

Address(if different to above)

Contact number

Relationship to child

Other emergency contacts

Name

Address (if different to above)

Contact number

Relationship to child

Language Preference: Please select one

WELSH ☐ **ENGLISH** ☐ **OTHER** ☐
please specify

Do you consent to the practice contacting you by text message for appointment reminders, invitations to health checks, vaccination reminders, let you know that your prescription or sick note is ready for collection and anything else relevant to your child's healthcare? (please select)

Yes ☐ **No** ☐

We have an electronic method of contact available for patients to contact the surgery for non-urgent requests – do you consent for us to correspond with you via this method and supply us with a preferred email address for this purpose? (please select)

Yes ☐ **No** ☐

We now offer EPS(electronic prescribing services) at the practice. Please nominate the pharmacy that you use for your medications and prescriptions will then be sent electronically.

Please list all the people (children and adults) that share the house with the child and their relationship to the child

Name of person	Adult or child (under 18)	Relationship to patient	Registered at this practice?
		Mother	Yes ☐ No ☐
		Father	Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐

Relevant Medical History

Is your child on any medication at present?

Yes ☐ No ☐

If yes, please provide a list below

Is your child allergic to anything?

Yes ☐ No ☐

If yes,

What was the allergy to? *What was the reaction?*

Has your child had any operations or serious illness?

Yes ☐ No ☐

If yes, please provide information

Does anyone smoke in the household?

Yes ☐ No ☐

If yes, please provide information

Does anyone vape in the household?

Yes ☐ No ☐

If yes, please provide information

Family history

Is there any of the following in your family (grandparents, father, mother, brother, sister) before the age of 65?

Heart Disease

Yes ☐ **No** ☐

Diabetes

Yes ☐ **No** ☐

Respiratory problems(Asthma,COPD)

Yes ☐ **No** ☐

High blood pressure

Yes ☐ **No** ☐

Stroke

Yes ☐ **No** ☐

Cancer

Yes ☐ **No** ☐

What type of cancer?

Lifestyle

Does your child follow a special diet?

Yes ☐ **No** ☐

If yes, what diet?

Other Information

Is your child home schooled?

Yes ☐ **No** ☐

Name of current school

Name of previous school (if any)

Name of health visitor/school nurse

(if known)

Has your child ever been allocated a social worker or FNP?

Yes ☐ No ☐

If yes, when

Has your child ever been the subject of a Child Protection Plan?

Yes ☐ No ☐

If yes, when

Has your child ever been a 'looked after' child?(i.e. foster care or in a children's home)?

Yes ☐ No ☐

Please detail any special need's your child may have so the Practice can ensure they are identified and accommodated by taking the appropriate action.

Does your child have any of the following disabilities?

Mobility	☐
Visual	☐
Hearing	☐
Other-please specify below	☐

Does your child have any physical disabilities?

Yes ☐ No ☐

Please provide details(if possible)

Does your child have any mental disabilities?

Yes ☐ No ☐

Please provide details(if possible)

Please state any requirements your child has to be able to access the surgery

Please state any religious or cultural needs

Please state any specific nutritional requirements your child may have

Communication

Do you have any communication / information requirements related to sensory loss? If so, what are they and how would you like us to communicate with you?

Carers

Does your child have a carer ?

Yes ☐ **No** ☐

Is your child a carer?

Yes ☐ **No** ☐

If yes, please ask a member of staff about carers support who can provide a carers support form

Once you have completed a form, a carer's pack will be sent to you which contains further information about the help and services available to carers.

All Carers are entitled to a CARERS ASSESSMENT. This can provide you with a link to help and support

Transfer in/change of details of children 0-5 years old

Dear Parents, this information is required by the health visitors in the surgery. This will enable the Health visitors to contact you and to update the children's records in child health, who are responsible for the immunisation and child health surveillance programme.

A. Moved into Tenby Area YES ☐ NO ☐
B. Moved within Tenby Area YES ☐ NO ☐
C. Changed telephone number YES ☐ NO ☐

Name(s) of pre-school children in family	Date of birth

Name(s) of school age children in family	Date of birth

Present Address	Previous Address
Contact details of Previous GP	Contact details of Previous Health Visitor

Telephone Numbers	
Landline	
Mobile: Father	
Mobile: Mother	

Reviewed April 2025