

Under 16's NEW PATIENT ASSESSMENT FORM

Dear Patient/Parent of Patient - We kindly ask that you fill out this New Patient Questionnaire. Please be aware that the questions below may indicate that an appointment is needed with a Nurse or Doctor. Please complete all sections. Thank you.

Name	DOB
Postcode	Sex
Next of Kin (name and relationship)	Telephone Please note appointment reminders will not be sent to under 16's
Ethnic Group <small>(e.g. British/mixed British, Indian or British Indian, Pakistani or British Pakistani, Irish, White or Black African)</small>	First Language
<i>For surgery use:</i>	
<i>ID provided (please state type)</i>	
<i>Signed and dated (by surgery staff member)</i>	
<i>Excluded from Mjog reminder</i>	

Do you have a Long-term condition? Please tick if yes.

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cardiac history |
| <input type="checkbox"/> Behavioural problems | <input type="checkbox"/> Learning disabilities |
| <input type="checkbox"/> Other (please specify) | |

Medicines

Do you take any regular medication? YES / NO

If you live in Rye which chemist would you like to use Boots Day Lewis Jempsons (Peasmarsh)

If you live outside of Rye we will dispense your medication

Allergies

Do you have any allergies or reactions that you are aware of? YES / NO

Please provide details - including what it is and what happens.....

.....

Smoking status (for patients aged 15-18) -Please tick the appropriate box.

- | | |
|--|--|
| <input type="checkbox"/> Never smoked | <input type="checkbox"/> Current Smoker - Age Started _____ per a day_____ |
| <input type="checkbox"/> Ex-Smoker (date: ___/___/___) | |

If you are a current smoker, would you like to stop smoking? YES / NO

Immunisations

Are all immunisations up to date (including HPV for females) YES/NO

Family History

Is there any significant family history; mother/father or siblings YES/NO

If yes, please give details

General

Do you have any communication problems (deaf, blind, large print etc) Yes/No

Please give details

Do you have any mobility problems Yes/No

Please give details