

**Elmhurst Practice**

**UNDER 5 NEW PATIENT HEALTH QUESTIONAIRRE**

Although your child does not need to have a new patient health check we ask that you complete the following questionnaire this will provide us with some background information for your child whilst we wait for their medical records to arrive from your previous GP surgery.

Name.....Address.....  
.....  
Telephone No.....Date of birth.....  
Gender: M  F  School/Nursery.....

**Does the child live with: Parents/Grandparents/Fostered/Guardian (please delete as applicable)**

Mothers Name..... Fathers name.....

**If not living with parents please state your name and relationship to child**

Name.....Relationship.....

**Who has parental responsibility?**

Name..... Relationship .....

Name..... Relationship .....

Language spoken.....Religion.....Ethnicity.....

**Contact details of parent/guardian:**

Address.....  
..... Tel No: .....

**Please list any childhood illnesses/operations.....**  
.....

**Any regular medication? .....**  
.....

**Any known allergies? .....**  
.....

**PLEASE REMEMBER TO BRING YOUR CHILDS IMMUNISATION RECORD BOOK WHEN RETURNING THIS FORM**

**Continued overleaf**

**All parties who have parental responsibility to sign below**

Signature of person who has parental responsibility.....

Print Name .....

Signature of person who has parental responsibility.....

Print Name .....