# CRAMOND MEDICAL PRACTICE

## NEW PATIENT QUESTIONNAIRE – UNDER 6 YEARS OLD

NAME: ________________________________________ DATE OF BIRTH: ________________

PLACE OF BIRTH: ______________________________ MALE/FEMALE: _________________

ADDRESS: ________________________________________________________________________

POSTCODE: ____________________________________ TEL NO: ________________________

NEXT OF KIN (Name): ____________________________ (Relationship): ____________________

**PERSONAL MEDICAL HISTORY**
(please give dates where possible)

ILLNESSES ___________________________
_____________________________________
_____________________________________

OPERATIONS __________________________
_____________________________________
_____________________________________

ACCIDENTS ___________________________
_____________________________________
_____________________________________

ARE YOU TAKING ANY MEDICATIONS AT PRESENT? (please include diagnosis if known) ______________________________
_____________________________________
_____________________________________

ALLERGIES ___________________________
_____________________________________
_____________________________________

**IMMUNISATION HISTORY**- enter immunisation details below

| | Date Given |
|---|---|
| 1st DTP/POL/HIB | |
| 2nd DTP/POL/HIB | |
| 3rd DTP/POL/HIB | |
| 1st Rotavirus | |
| 2nd Rotavirus | |
| 1st PCV | |
| 2nd PCV | |
| 3rd PCV | |
| 1st Men B | |
| 2nd Men B | |
| 3rd Men B | |
| 1st Men C | |
| 2nd Men C (if applicable) | |
| 3rd Men C (if applicable) | |
| Other PCV (if applicable) | |
| HIB/Men C | |
| MMR | |
| Booster DTP/POL/HIB (delete as appropriate) | |
| Booster MMR | |
| BCG | |
| Other: (state course) | |
| Other: (state course) | |
| Other: (state course) | |

**Please indicate your ethnic group**

- ☐ White Scottish
- ☐ White British
- ☐ White Irish

**Other White background (please state)**

_____________________________________

- ☐ Asian - Indian
- ☐ Asian - Pakistani
- ☐ Asian - Bangladeshi
- ☐ Chinese

**Other Asian background (please state)**

_____________________________________

- ☐ Black Caribbean
- ☐ Black African

**Other Black background (please state)**

_____________________________________

- ☐ Mixed Race

**Any other ethnic group (please state)**

_____________________________________