The Manor Practice

New Patient Health Questionnaire

0 – 11 Years of Age

Southwick Street, Southwick, West Sussex, BN42 4TA 01273 596077 / 592723

Please ensure all questions on this form are completed. Incompletion of this form may result in your registration being delayed.

Name:____ Sex: M/F DOB:____________________

Address:____

Tel No:_____________________ Work No:________________

Mobile No:________________________ **I consent to receiving text messages from the surgery Yes / No**

Email Address:______________________________

Next of Kin (Name & Address) :____

Relationship to patient: _____________________ Tel No:_____________________________

Ethnicity ***(Ethnicity: This is your cultural background, please do not put your Nationality, i.e. your Place of birth.)***

We are ask for your ethnicity because all ethnicities have tendencies towards certain illnesses and conditions – from CHD to diabetes, sickle cell anaemia, mental health disorders, cancer and more. By recording ethnicity the NHS hopes to understand who is using our services, and if all people are getting the same benefits from NHS care – such as screening and health promotion, to help identify the needs of different ethnic communities and to ensure that appropriate services are provide and to comply with the Race Relations (Amendment) Act 2000, which makes it compulsory to promote race equality in the NHS. The Act demands that people from different ethnic groups should enjoy equal access to health services

White		**Asian/Asian British**		**Black/Black British**		**Mixed**		**Other**	
British	☐	Indian	☐	Caribbean	☐	White & Black Caribbean	☐	Chinese	☐
Irish	☐	Pakistani	☐	African	☐	White & Black African	☐	Other	☐
Scottish	☐	Bangladeshi	☐	Other	☐	White & Asian	☐		
Other	☐	Other	☐			Other	☐		

First Spoken Language

Albanian	☐	English	☐	Italian	☐	Punjabi	☐	Slovak	☐
Arabic	☐	Ethiopian	☐	Japanese	☐	Romanian	☐	Thai	☐
Bengali	☐	Finnish	☐	Korean	☐	Russian	☐	Turkish	☐
Bulgarian	☐	Flemish	☐	Kurdish	☐	Serbian	☐	Ukrainian	☐
Cantonese	☐	French	☐	Lithuanian	☐	Somali	☐	Urdu	☐
Croatian	☐	German	☐	Norwegian	☐	Spanish	☐	Vietnamese	☐
Czech	☐	Greek	☐	Polish	☐	Swahili	☐	Welsh	☐
Dutch	☐	Hebrew	☐	Portuguese	☐	Swedish	☐		

If you care for, or help, someone with an illness or disability, whether this is a partner, friend, other relation or even a neighbour – then you are a CARER. Please see our Notice board in the waiting room for more information.

Are you a Carer? Yes ☐ No ☐ Do you have a Carer? Yes ☐ No ☐

Name & Address of person you care for or your Carer:____

____

General Health Information - **Please measure your height and weight in the health screening area**

Height:	**Weight:**

Do you have a Family History of :

Heart Disease Under 60 yrs old	Yes ☐	No ☐	Relation to you___________
Heart Disease Over 60 yrs old	Yes ☐	No ☐	Relation to you___________
CVA / Stroke	Yes ☐	No ☐	Relation to you___________
Diabetes	Yes ☐	No ☐	Relation to you___________
Asthma	Yes ☐	No ☐	Relation to you___________

Other information

- Is you child up to date with his/her childhood immunisations?

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- Does your child have a long term medical condition (ie diabetes) ?

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