

**ETHNIC INFORMATION**

This is important since certain diseases are more prevalent among people from particular parts of the world and it helps us to develop more effective screening programmes for those diseases. We would be very grateful if you would tick the most appropriate category for you.

<b>Census Group</b>	<b>Read Code</b>	<b>Please Tick</b>
White British	9i0..	
White Irish	9i1..	
Any other White background	9i2..	
Mixed White & Black Caribbean	9i3..	
Mixed White & Black African	9i4..	
Mixed White & Asian	9i5..	
Any other Mixed Background	9i6..	
Indian (Asian or Asian British)	9i7..	
Pakistani (Asian or Asian British)	9i8..	
Bangladeshi (Asian or Asian British)	9i9..	
Any other Asian Background (Asian or Asian British)	9iA..	
Caribbean (Black or Black British)	9iB..	
African (Black or Black British)	9iC..	
Any other Black Background (Black or Black British)	9iD..	
Chinese	9iE..	
Any other Ethnic Group	9iF..	
I refuse to give my Ethnic Group	9iG..	

**Many thanks for taking the time to complete this form**

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**TWICKENHAM PARK SURGERY**

**NEW PATIENT QUESTIONNAIRE FOR CHILDREN**

**PERSONAL DETAILS**

Surname .....

Forename(s) .....

Address .....

.....

.....

Date of Birth ..... Home Tel .....

Work Tel ..... Mobile Tel .....

Do you have a special diet? .....

**MEDICAL**

Height / Weight...../.....

Allergies .....

Regular medication.....

.....

Would you like prescriptions to go electronically to a chemist? If so which one?

.....

**PAST ILLNESSES/OPERATIONS (Please state dates)**

.....

.....

**Opt In / Opt Out:** Would you like your **Medication** and **Allergy** records to be available to other NHS agencies?

YES / NO

Ask at reception if you would like more information about this

**Immunisations:** Please attach a copy of your child's red book immunisation page or complete the details overleaf.

**DATES OF CHILDHOOD IMMUNISATIONS** (\*5 in 1 now given as 1 injection at 2, 3 & 4 months. Separate injections given as follows: PCV at 2 & 4 months, Men C at 3 & 4 months.

Where given .....

Vaccination	Date of 1 <sup>st</sup>	Date of 2 <sup>nd</sup>	Date of 3 <sup>rd</sup>
Diphtheria*			
Pertussis*			
Tetanus*			
Polio*			
Hib*			
MenC			
PCV			

**DATES OF HIB/MEN C** (Hib/Men C is 1 injection given around 12 months

Where given .....

Vaccination	Date of 1 <sup>st</sup>
Hib/Men C	

**DATES OF MMR +PCV VACCINATIONS** (MMR triple vaccination is offered at 13 months and with pre school booster – some parents seek single vaccinations privately but we do not offer this service). A further PCV injection is given at 13 months with the MMR vaccination.

Where given .....

Vaccination	Date of 1 <sup>st</sup>	Date of 2 <sup>nd</sup>
Measles		
Mumps		
Rubella		
PCV		

**DATES OF PRE-SCHOOL BOOSTERS** (\*4 in 1 vaccine given at 3 years 4 months to 5 years with MMR as above) A catch up campaign to give children a further Hib Booster at the same time is currently in operation.)

Where given .....

Vaccination	Date
Diphtheria*	
Pertussis*	
Tetanus*	
Polio*	
Hib	

**DATES OF TEENAGE IMMUNISATIONS** (Now given as one injection)

Where given .....

Vaccination	Date
Diphtheria	
Tetanus	
Polio	

**Please give details of any other eg, BCG, chicken pox, hepatitis B**

## FAMILY HISTORY

Please tick if parents, grandparents, brothers or sisters have had any of the following and please indicate their age at onset.

- Heart attack .....
- Stroke .....
- High blood pressure .....
- Diabetes .....
- Asthma .....
- Cancer of the bowel .....
- Cancer of the ovary .....
- Cancer of the breast .....
- Glaucoma .....
- Epilepsy .....

Any other hereditary problems or important family illnesses? .....

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## CARERS

A carer is anyone who gives unpaid care to a relative or friend who may be disabled, elderly, frail, or ill and who cannot manage without this help. People often do not recognise themselves as carers. They can be any age – children or adults. They may provide full-time or part-time care or share the care with another person. We like to identify those who are caring for another person so we may offer them appropriate support.

Are you a carer? .....

If yes, please give the name of the person for whom you care and either their date of birth or address .....

Do you have a carer? .....

If yes, please give the name of person who cares for you and either their date of birth or address .....