

**THE DOVE VALLEY PRACTICE
NEW PATIENT QUESTIONNAIRE AGE 5yrs AND UNDER**

Child's name

Date of birth

Mum's Name

ETHNIC ORIGIN: (Please tick)

	Tick		Tick
A – White		D – Black or Black British	
British		Caribbean	
Irish		African	
Other White		Other Black	
B – Mixed		E – Other ethnic group	
White & Black Caribbean		Chinese	
White & Black African		Any other ethnic group	
White & Asian			
Other mixed		What is your main spoken language?	
C – Asian or Asian British			
Indian		<u>Do you need an interpreter?</u>	
Pakistani			
Bangladeshi			
Other Asian			
		YES	NO

Data Protection Patient Consent - Please choose below your most appropriate form of contact

*I am happy/*I am not happy (delete as necessary) for staff/GPs at Dove Valley Practice to leave a message with a third party or on my answer machine and contact my parents/guardian via SMS text message. I will inform you should this situation change.

Signed: _____

Date: _____

Name: _____

Date of birth _____

THIS SECTION MUST BE COMPLETED OTHERWISE REGISTRATION WILL BE DELAYED

FOR OFFICE USE ONLY

Checklist for Receptionist

Have you checked that the patient lives within the practice boundaries? YES/NO

Are all the relevant fields of the registration form (GMS1) and new patient questionnaire completed?

GMS1 registration form

The following details must be filled in:

Status	Previous surname (if applicable)
Sex	Previous address in the UK inc postcode
Surname	Previous GP while at that address
Forename	Are they from abroad?
Date of birth	If so, the date when first came to live in the UK
Address inc postcode	Telephone number
Parent's signature	

Have you explained how the appointment system works? Yes No

Receptionist signature _____ Date _____

Patient details;

Name _____

Address _____

Date of birth _____

Mother's name _____

Mother's ID _____