

**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 Form

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. I will inform you should this situation change.

Signed: _____

Date: _____

Name: _____

Relationship to child _____

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 _____