

THE ROXTON PRACTICE

Date Form Completed:	
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**In order to be fully registered with this practice, this form
MUST be completed by the parent/guardian**

NEW PATIENT HEALTH QUESTIONNAIRE (FOR CHILDREN UNDER 6Y)

TITLE:		FIRST NAME:		
SURNAME:				
DATE OF BIRTH:		GENDER:	M <input type="checkbox"/>	F <input type="checkbox"/> (please tick)
ADDRESS (incl flat no):			WHO ELSE LIVES IN THIS HOUSEHOLD?	
HOME TEL:		MOBILE TEL:		
EMAIL ADDRESS:				
WHO DO THESE DETAILS BELONG TO? (e.g. mum, dad etc.)	MOBILE:			
	EMAIL:			
CAN WE LEAVE MESSAGES REGARDING YOUR CHILD ON THESE NUMBERS?	HOME:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(please tick)
	MOBILE:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(please tick)
NEXT OF KIN: (Name, Address, Tel No.)				
PREVIOUS ADDRESS:			PREVIOUS GP NAME & ADDRESS:	

ETHNICITY & LANGUAGE QUESTIONNAIRE

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity, to support your health care.

We would be grateful if you could complete **one form for each family member** within/joining the practice.

NAME _____ **DOB** _____

What is your main language?

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Do you need an interpreter or sign language support?

Yes

No

WHAT IS YOUR ETHNIC GROUP?

Choose **ONE** section from A to F then tick **ONE** box which **best describes** your ethnic group or background

A. White	
Scottish	<input type="checkbox"/>
English	<input type="checkbox"/>
Welsh	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>
British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Gypsy/Traveller	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Any other white ethnic group, please specify below:	

B. Mixed or multiple ethnic groups	
Any mixed or multiple ethnic group	<input type="checkbox"/>

D. African	
African, African Scottish, or African British	<input type="checkbox"/>
Other African, please specify:	

E. Caribbean or Black	
Caribbean, Caribbean Scottish, or Caribbean British	<input type="checkbox"/>
Black, Black Scottish, Black British	<input type="checkbox"/>
Other Caribbean or Black, please specify:	

C. Asian, Asian Scottish, or Asian British	
Pakistani, Pakistani Scottish, or Pakistani British	<input type="checkbox"/>
Indian, Indian Scottish or Indian British	<input type="checkbox"/>
Bangladeshi, Bangladeshi Scottish, or Bangladeshi British	<input type="checkbox"/>
Chinese, Chinese Scottish, or Chinese British	<input type="checkbox"/>
Other Asian, please specify:	

F. Other ethnic group	
Arab	<input type="checkbox"/>
Other, please specify:	

If you would prefer not to provide this information, please tick here:	<input type="checkbox"/>
If you don't know your ethnicity, please tick here:	<input type="checkbox"/>