Links Medical Practice
City Hospital, Park Road
Aberdeen, AB24 5AU
Tel: 0345 337 6340

Office Use Only
Appt Date: _____
Appt Time: _____
Patient Accepted Yes/No

Child
New Patient Medical Questionnaire

PERSONAL DETAILS – Our preferred method of contact is by email or mobile text please tick if you are happy to be contacted by email: ☐ **mobile**: ☐

Full Name: _____
Date of Birth: _____
Address: _____
_____ Post Code: _____
Home Tel No: _____ Mobile No: _____

Email Address: ----------

Ethnic Group:

White Scottish	☐	Pakistani	☐
Other White British Ethnic	☐	Bangladeshi	☐
Other Ethnic Mixed Origin	☐	Black Caribbean	☐
White Irish	☐	Black African	☐
Other White Ethnic Group	☐	Other Black Ethnic Group	☐
Chinese	☐	Arab	☐
Indian	☐	Other ethnic group (please state)	

_____

Place of Birth: _____ Marital Status: _____
Other Household Members: _____
Occupation & Employer: _____
Next of Kin: _____
(please state name, address, contact no.)

Please tick if you are willing for your basic health information to be shared electronically with the hospital and Out of Hour Services - Yes ☐ ***No*** ☐

DETAILS OF PREVIOUS DOCTOR
GP Name: _____
GP Address: _____
Your address when registered
with that Doctor: _____

MEDICAL HISTORY
Any serious illnesses or operations? _____
(please give details) _____

What medicines do you use regularly? _____
(please give details) _____

Do you have any allergies? (please give details) _____

Do any illnesses occur more commonly in your family, for example: Heart Disease under the age of 60?
(please give details) _____

CHILDREN ONLY

Age due	**Immunisations**	**Date Given**
2 months	Diptheria, Tetanus, Whooping Cough, Polio, Men B, Haemophilus Influenzae, Pneumococcal, Rotavirus	_____
3 months	Diptheria, Tetanus, Whooping Cough, Polio, Haemophilus Influenzae, Men C, Rotavirus	_____
4 months	Diptheria, Tetanus, Whooping Cough, Polio, Haemophilus Influenzae, Pneumococcal, Men B	_____
Around 13 months	Haemophilus Influenzae, Men C, Men B Measles, Mumps, Rubella (MMR), Pneumococcal	_____
3-5 years	Diptheria, Tetanus, Whooping Cough, Polio MMR Booster	_____
Girls 12 – 13 years	Human Papilloma Virus (HPV)	_____
15-18 years	Low Dose Diptheria, Tetanus, Polio	_____

Other Immunisations (eg BCG at birth) _____