

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

Child
New Patient Medical Questionnaire

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

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	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
	Other White British Ethnic	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
	Other Ethnic Mixed Origin	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
	White Irish	<input type="checkbox"/>	Black African	<input type="checkbox"/>
	Other White Ethnic Group	<input type="checkbox"/>	Other Black Ethnic Group	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>	Arab	<input type="checkbox"/>
	Indian	<input type="checkbox"/>	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	Diphtheria, Tetanus, Whooping Cough, Polio, Men B, Haemophilus Influenzae, Pneumococcal, Rotavirus	_____
3 months	Diphtheria, Tetanus, Whooping Cough, Polio, Haemophilus Influenzae, Rotavirus	_____
4 months	Diphtheria, Tetanus, Whooping Cough, Polio, Haemophilus Influenzae, Pneumococcal, Men B	_____
Around 13 months	Haemophilus Influenzae, Men B Measles, Mumps, Rubella (MMR), Pneumococcal	_____
3-5 years	Diphtheria, Tetanus, Whooping Cough, Polio MMR Booster	_____
Girls 12 – 13 years	Human Papilloma Virus (HPV)	_____
15-18 years	Low Dose Diphtheria, Tetanus, Polio	_____
Other Immunisations (eg BCG at birth)	_____	_____