WEM PREES MEDICAL PRACTICE

Aspiring to improve the health, well-being and lives of those we care for

New Patient Questionnaire Form (Under 16's)

Practices are required to allocate a named, accountable GP to all patients, including children. Please be assured all patients registered at our practice are allocated a named GP.

Please be aware that this does not affect your ability to make an appointment with any of the GPs in the practice of your choosing.

Any child registered at the practice must have a parent or guardian registered at the practice to.

First Name:	Last Name:
Date Of Birth:	Consent To Leave Voice Mails? **YES/ NO** Consent To SMS? **YES / NO**
First Language (English, Polish etc):	
Next Of Kin Name:	Their Telephone Number:
Child's Height:	Child's weight:

Has the child ever been diagnosed to have any of the following?

Diabetes- **YES / NO**	Hypertension- **YES / NO**
Respiratory (Including Asthma & COPD) **YES / NO**	Chronic Heart Disease –Other **YES / NO**
Does The Child Currently Take Any Medication?	If Yes What Medication?
Does The Child Currently Have Any Allergies Including Medication Allergies?	If Yes List Allergies Here:

Registered Blind ☐	Registered Deaf ☐	Registered Deafblind ☐	Have Hearing and/or visual loss ☐	
Learning Disability ☐	Autism ☐	Dementia ☐	Any other Disability _____ ☐	

WEM
New Street, Wem, Shropshire, SY4 5AF
Tel: 01939 232424
Email: wemandprees@nhs.net

PREES
Whitchurch Road, Prees, Shropshire, SY13 2DG
Tel: 01948 840206
Email: wemandprees@nhs.net

WEM PREES MEDICAL PRACTICE

Aspiring to improve the health, well-being and lives of those we care for

Please note that whilst we will do all we can to meet your communication needs, some formats may not be available or may take some time to organise.

Any current medication the child is on

Did you know you can make appointments, request repeat prescriptions and gain access to your record online? Please speak to a member of the reception team for further details.

Please note if you register a mobile number with the practice this will be used to send you appointment reminders. You can OPT OUT of this service by informing a member of reception.

Emergency Contact Details

Name of who to contact in an emergency:	Relationship to the child:
Telephone number(s):	Address:

Parent/Guardian Details

Name Of Mother/Father/Guardian:	Name Of Mother/Father/Guardian:
Relationship To the Child:	Relationship To the Child:
Date Of Birth:	Date Of Birth:
Address Of Mother/Father/Guardian	Address Of Mother/Father/Guardian
Contact Number:	Contact Number:
Are you Their Next of Kin: **YES / NO**	Are You Their Next of Kin: **YES / NO**

Immunisation History

Name Of School/Nursery:	**Address Of School/Nursery:**

Does Your Child Have Contact with Any Of These Professionals?
If yes, please give names and contact.

A Hospital Specialist	***YES / NO***	
A Health Visitor	***YES / NO***	
A Social Worker	***YES / NO***	
Any Other Health Professionals		

Has Your Child Ever Been Under A Child Protection Plan?
YES / NO

Brother/Sisters/Siblings
(Please Give Name And DOB)

Do You Have Any Family History of Any of The Following?

High Blood pressure	**YES**	**WHO:**
Heart Disease	**YES**	**WHO:**
Raised Cholesterol	**YES**	**WHO:**
Stroke/CVA	**YES**	**WHO:**
Asthma	**YES**	**WHO:**
Any Cancers	**YES**	**WHO:**
Thyroid Disorders	**YES**	**WHO:**
Epilepsy	**YES**	**WHO:**

ONCE YOU HAVE REGISTERED IF THERE ARE ANY PROBLEMS WITH YOUR REGISTRATION YOU WILL BE CONTACTED!

All information provided within this form is handled confidentially.

Name and contact number of Parent/Guardian registered	
Signed By Patient:	
Signed On Behalf of Patient:	
Date:	

WEM
New Street, Wem, Shropshire, SY4 5AF
Tel: 01939 232424
Email: wemandprees@nhs.net

PREES
Whitchurch Road, Prees, Shropshire, SY13 2DG
Tel: 01948 840206
Email: wemandprees@nhs.net