St. Luke's Surgery
Mowbray Square Medical Centre, Harrogate, HG1 5AR
www.stlukesdoctors.co.uk

☎01423 503035 **Fax 01423 562665**

Dr Sian Greenwood **Dr Ed Scott** **Dr Sarah Hay** **Dr Beth Rimmer**

Confidential Health Questionnaire

Please help the doctor by completing this form as we will not receive your Medical Records for some time.

Title Mr/Mrs/Miss/Ms/Dr/Rev/Other **First Name(s)** **Surname**

Date of Birth **Occupation**

Address **Town/Village** **Postcode**

Telephone Number **Home** **Work** **Mobile**

Ethnic Origin

White British☐ White Irish☐ Other Mixed☐

White Other☐ White & Black Caribbean☐ Indian/British☐

White & Black African☐ White & Asian☐ Bangladeshi/British☐

Pakistani/British☐ Other Asian☐ Caribbean☐

African☐ Other Black☐ Chinese☐

Other (please specify)

Please state your first language ______________

Please list any serious illness, accidents, operations or birth problems.

Please tick below any illness you or any of your immediate family or close relations have suffered from:
Please state if family member or self.

Diabetes☐ Bronchitis☐

High Blood Pressure☐ Cancer Specify☐

Stroke☐ Nervous Disorders☐

Thyroid Disorder☐ Duodenal Gastric Ulcer☐

Epilepsy or Fits☐ Asthma☐

Heart Disease –Younger than 60☐ Older than 60☐

Any Other condition? Yes☐ No☐
(If Yes, please give details)

Does your child have any allergies? Yes☐ No☐
(If Yes, please give details)

Vaccinations

If your child has **not** followed the UK vaccination schedule please provide full details of all immunisations.

Development checks

6 week Yes☐ No☐

6 month Yes☐ No☐

3½ year Yes☐ No☐

Current Medication
Is your child currently taking any medication? (If so please list below)

Thank you for filling in this form
Please hand in at Reception with your registration form.