



☎01423 503035

☎01423 558100 (Jennyfield Health Centre)

Fax 01423 562665

## Confidential Health Questionnaire

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

<b>Title</b> Mr/Mrs/Miss/Ms/Dr/Rev/Other	<b>First Name(s)</b>	<b>Surname</b>
<b>Date of Birth</b>	<b>Occupation</b>	
<b>Address</b>	<b>Town/Village</b>	<b>Postcode</b>
<b>Telephone Number Home</b>	<b>Work</b>	<b>Mobile</b>

### Ethnic Origin

White British <input type="checkbox"/>	White Irish <input type="checkbox"/>	Other Mixed <input type="checkbox"/>
White Other <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian/British <input type="checkbox"/>
White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi/British <input type="checkbox"/>
Pakistani/British <input type="checkbox"/>	Other Asian <input type="checkbox"/>	Caribbean <input type="checkbox"/>
African <input type="checkbox"/>	Other Black <input type="checkbox"/>	Chinese <input type="checkbox"/>

Other (please specify)

**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 <input type="checkbox"/>	Bronchitis <input type="checkbox"/>
High Blood Pressure <input type="checkbox"/>	Cancer Specify <input type="checkbox"/>
Stroke <input type="checkbox"/>	Nervous Disorders <input type="checkbox"/>
Thyroid Disorder <input type="checkbox"/>	Duodenal Gastric Ulcer <input type="checkbox"/>
Epilepsy or Fits <input type="checkbox"/>	Asthma <input type="checkbox"/>
Heart Disease <60 <input type="checkbox"/>	
>60 <input type="checkbox"/>	

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

Do you 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

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