

NEW PATIENT QUESTIONNAIRE FOR NEW BORN

Name DoB

Names of Parent(s) /Guardian

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ETHNICITY

We are required to collect ethnicity information on all our patients. Please tick one of the following boxes.

White		Mixed Race		Asian	
Caribbean		African		Chinese	
Japanese					

FIRST LANGUAGE SPOKEN IN HOUSEHOLD.....

FAMILY HISTORY

Have you or any close relatives suffered from any of the following?

Problem	Family Member/s	Age at onset
Heart Attack/Angina		
High Blood Pressure		
Diabetes		
Epilepsy		
Psychiatric disorder		
Glaucoma		
Thyroid Disease		
Cancer (Breast/Bowel/Lung)		

Signature on behalf of patient

.....Date.....