

PATIENT PROFILING QUESTIONNAIRE

To be completed as part of the New Patient Registration Form

Name : _____

Date of Birth: _____

Section A) Country of birth: _____

Section B) Your Ethnic Group:

Please write ethnic origin of child in the space below and tick ONE BOX that suits the ethnic group:

Childs Ethnic Origin: _____ First Language _____

Ethnic Groups

WHITE	BLACK or BLACK BRITISH
<input type="checkbox"/> British	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Irish	<input type="checkbox"/> African
<input type="checkbox"/> Any other White background	<input type="checkbox"/> Any other Black background
ASIAN or ASIAN BRITISH	MIXED
<input type="checkbox"/> Indian	<input type="checkbox"/> White and Black Caribbean
<input type="checkbox"/> Pakistan	<input type="checkbox"/> White and Black African
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> White and Asian
<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> Any other mixed background
CHINESE or OTHER ETHNIC GROUP	
<input type="checkbox"/> Chinese	
<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Any other ethnic group	
<input type="checkbox"/> I do not wish to state my ethnic background	

Section C) Disability:

Do you have any disability?

☐ No ☐ Yes (please specify)

Under 5 Questionnaire - GP Practice

Child's First Name:	Family Name:	D.O.B:
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Male or Female	Date of Registration:	NHS No:	Place of Birth:
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Mother's First Name:	Surname:	D.O.B:
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Father's First Name:	Surname:
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Address (incl. postcode):

Previous GP & Address:

Contact telephone numbers :

Mother Home:	Work:	Mobile:
Father Home:	Work:	Mobile:

If from abroad, please state date of entry into the UK:

Does your child have any medical problems that the doctor should know about? If so please list:

Under 5 Questionnaire – Health Visitor

Child's First Name:	Family Name:	D.O.B:
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Male or Female	Date of Registration:	NHS No:	Place of Birth:
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Mother's First Name:	Surname:	D.O.B:
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Father's First Name:	Surname:
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Address (incl. postcode):

Previous GP & Address:

Contact telephone numbers :

Mother Home:	Work:	Mobile:
Father Home:	Work:	Mobile:

If from abroad, please state date of entry into the UK:

Does your child have any medical problems that the doctor should know about? If so please list:
