**QUESTIONAIRE APPLIES TO CHILDREN UP TO THE AGE OF 12**

Thank you for choosing to register with Kinmylies Medical Practice. We do not yet have your medical records. To help us to provide you with the best medical care, we would be grateful if you complete this form.

**Your name\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your health** Please give details of any serious or ongoing health problems :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any drug that you are allergic to : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Your medication** please list all your current medications, with doses

|  |  |
| --- | --- |
| name of medication | dose |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Preferred Pharmacy –** your record will default to this and all scripts issued will be sent direct to this pharmacy:-

**Pharmacy**:

**Next of Kin (NOK) with contact phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please confirm that your NOK is aware of their status**

**Your family’s medical history**

Illnesses, such as heart disease, diabetes, stroke and some cancers can run in families. Please list any serious illnesses or young deaths (under the age of 60 years) in close family members (your parents, brothers & sisters)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Other information you think it would be useful for us to know:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\***­­­­­­­­­­­­­­­­­­­­­**\*If you do not want contact by the practice via SMS or email, tick here :**

**Office Use Only**

Application status :­­­­­­­­­­­­­­­­­­­­­­­­

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pharmacy logged |  | NOK details |  | Health questionnaire complete |  |
| Code SMS / Email consent in notes |  | Task to ED  |  | Document w/f to Practice Manager / Admin |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |