



# **Talbot Green Group Practice**

Newpark Surgery Talbot Green CF72 8AJ Tel: 01443 220320  
Gwaunmiskin Road Surgery CF38 2AU Tel: 01443 219810

## **NEW PATIENT QUESTIONNAIRE UNDER 5 YEARS**

Before we can accept you as a permanent patient please sign and return your medical card along with this questionnaire to the surgery. If you are a new resident to the UK you must produce your passport and visa/contract of employment. All questions contained in this questionnaire are strictly confidential and will become part of your medical records.

<b>TITLE</b>	<b>DOB</b>	
<b>SURNAME</b>	<b>PREVIOUS NAMES</b>	
<b>FORENAMES</b>		
<b>NAME OF PARENTS OR GUARDIANS</b>		
<b>NEW FULL ADDRESS</b>		
<b>POST CODE</b>		
<b>HOME TEL</b>	<b>WORK TEL</b>	<b>MOBILE</b>



**PLACE OF BIRTH**

**ETHNIC ORIGIN**

**PREVIOUS DETAILS**  
**HOME ADDRESS**

**POSTCODE**

**DOCTORS NAME & ADDRESS**

**POSTCODE**

**IF YOUR CHILD IS TAKING ANY MEDICATION PLEASE PROVIDE A LIST OF REPEAT MEDICATION FROM YOUR PREVIOUS GP, OTHERWISE A ROUTINE APPOINTMENT WITH OUR GP WILL BE NECESSARY.**

**PLEASE LIST ANY CURRENT MEDICAL PROBLEMS, DISABILITIES AND ALLERGIES**

**PLEASE TICK IF THERE IS A FAMILY HISTORY OF THE FOLLOWING:**

**ASTHMA      HAYFEVER      ECZEMA      EPILEPSY      DIABETES**

**PLEASE ENTER DATES BELOW OF CHILD IMMUNISATIONS:**

	1ST	2ND	3RD	BOOSTER
5 IN 1				
DIPHTHERIA				
TETANUS				
PERTUSSIS				
HIB				
POLIO				
MMR				
PNEUMONIA				
MENINGITIS				
PRE SCHOOL				

