



14 Wetherby Road
Harrogate
HG2 7SA
Telephone No. 01423 887733 / Fax 814443

New Patient Questionnaire

Welcome to Kingswood Surgery, please complete this form to assist us with your child’s care.

Personal Information

Name.....

Address.....

.....Postcode.....

Home telephone..... Parent/Guardian mobile

Date of birth.....(date).....(month).....(year)

Height.....Weight.....

Ethnic Group (for example White British/Asian/ Black African).....

Please describe any allergies your child suffers from

Please give details of next of kin of child, including phone number, if you are not the parent or guardian, and state relationship of next of kin to child

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If your child takes any medication on a regular basis please provide the surgery with their last repeat order form. If not available then please provide us with the full details of all repeat medication below. Please note that it may be necessary to see a GP before these can be issued for the first time as a new patient.

Name of drug	Strength	Dose	Date last issued
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Prescriptions are sent electronically to your nominated pharmacy. Please tell us below which pharmacy you would like to use.

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Signature (Parent / Guardian).....Date