



### Child Health Questionnaire

*Welcome to the Westbury on Trym Practice.*

*Please take a copy of our Practice Information Pack, which sets out our services.*

*Your medical records will be sent on by your last GP but we also need some important health information from you.*

*Please help us by taking a few moments to complete this questionnaire.*

#### **Registration Details**

Name:	Date of Birth:
NHS Number:-	
Address (including postcode):	
Home Number:	Mobile Number:
Next of Kin:	
Contact Number:	
Who else lives at the above address?	
Which school do you / your child attend?	
Which pharmacy would you like to nominate?	

#### **Medical History**

Illnesses or Operations	Year

#### **Medication**

Drug name	Dosage

Receptionist's name.....Date Registration Accepted.....

What ID has been seen?.....