St. Luke's Surgery
Mowbray Square Medical Centre, Harrogate, HG1 5AR
www.stlukesdoctors.co.uk

☎01423 503035 **Fax 01423 562665**

Dr Sian Greenwood **Dr Ed Scott** **Dr Sarah Hay** **Dr Beth Rimmer**

Confidential Health Questionnaire

Please help the doctor by completing this form as we will not receive your Medical Records for some time.

Title Mr/Mrs/Miss/Ms/Dr/Rev/Other	**First Name(s)**	**Surname**
Date of Birth	**Occupation**	
Address	**Town/Village**	**Postcode**
Telephone Number Home	**Work**	**Mobile**

Ethnic Origin

White British☐	White Irish☐	Other Mixed☐
White Other☐	White & Black Caribbean☐	Indian/British☐
White & Black African☐	White & Asian☐	Bangladeshi/British☐
Pakistani/British☐	Other Asian☐	Caribbean☐
African☐	Other Black☐	Chinese☐

Other (please specify)

Please state your first language _____

Please list any serious illness, accidents, operations or birth problems.

Please tick below any illness you or any of your immediate family or close relations have suffered from:
Please state if family member or self.

Diabetes☐	Bronchitis☐
High Blood Pressure☐	Cancer Specify☐
Stroke☐	Nervous Disorders☐
Thyroid Disorder☐	Duodenal Gastric Ulcer☐
Epilepsy or Fits☐	Asthma☐

Heart Disease –Younger than 60☐ Older than 60☐

Any Other condition? Yes☐ No☐
(If Yes, please give details)

Does your child have any allergies? Yes☐ No☐
(If Yes, please give details)

Vaccinations

If your child has **not** followed the UK vaccination schedule please provide full details of all immunisations.

Development checks

6 week Yes☐ No☐

6 month Yes☐ No☐

3½ year Yes☐ No☐

Current Medication
Is your child currently taking any medication? (If so please list below)

Thank you for filling in this form
Please hand in at Reception with your registration form.