

Whitevale Medical Group



NEW PATIENT (CHILD) QUESTIONNAIRE

Name:			
Date of Birth		Age:	
Place of Birth:			MALE / FEMALE
Mother's Name:			
Mother's Contact No:			
Other Parent / Adult in the house:			

SIBLINGS	Age

School:	
Ethnic Origin:	
First Language	

Do you need an interpreter?	YES	NO	
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Involvement of other agencies:

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Any other relevant information:

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