**Viewfield Medical Practice**

**New Baby Questionnaire**

Welcome to our practice.

Please help us to look after your health by answering the following questions

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

About Baby

Surname Title

Forenames Date of Birth

Address

Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity:**

White Scottish\_\_\_ Other White British \_\_\_ White Irish \_\_\_ Other White \_\_\_ Any Mixed Background \_\_\_

Indian \_\_\_ Pakistani \_\_\_ Bangladeshi \_\_\_ Chinese \_\_\_ Other South Asian \_\_\_ Caribbean \_\_\_ African \_\_\_

Black Scottish/Other Black \_\_\_ Other Ethnic Background \_\_\_

Sex: Male/Female