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**Viewfield Medical Practice**

**New Baby Questionnaire**

Welcome to our practice.

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

**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 \_\_\_

**Any other relevant medical history (eg premature birth)**

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