

# GREAT OAKLEY MEDICAL CENTRE

## New Family Questionnaire

Welcome to Great Oakley Medical Centre. At Great Oakley Medical Centre we are working to improve the care and safeguarding of all children and in order to do this we need to ask all new families registering with us some questions.

Please complete the following questions and return them with your registration forms. Do you have any children under 18 living with you?

Yes ( ) No ( )

If yes, please give ages; .....

If you are registering the children at the practice who is their primary

carer.....

Who is the named person with parental responsibility

.....

Father name.....

Address.....

Mothers name.....

Address.....

Have any of the children living with you ever been...

Looked after or fostered?

Yes ( ) No ( )

Had a social worker or any support?

Yes ( ) No ( )

Had any safeguarding or child protection issues?

Yes ( ) No ( )