

UNDER 15 NEW PATIENT QUESTIONNAIRE

Your child's named GP is Dr, who is responsible for the overall care of your child, however your child may see any doctor in the Practice

Thank you for your help in completing this questionnaire on behalf of your child.

Child's Name: Date of BirthAge:

Address:

.....Post Code:

Telephone Number:

Name & Telephone Number of Parents/Guardian (state M/F)

Home Telephone: Work Telephone:

Previous GP & Address:

YOUR CHILD'S HEALTH

Where was he / she born:

Ethnic origin: White/Black Caribbean/Black African/Black – other, mixed/Other Black ethnic group
Indian/Pakistani/Other Asian ethnic group/Irish Traveller/Bangladeshi/Chinese/
Vietnamese/Other ethnic non-mixed/Other ethnic, mixed origin/Other ethnic group

Birthweight: Any problems during or after birth?

Has he / she had the following health checks?

- 6 week baby check Yes / No
- 6 month baby check Yes / No
- 8 month Doctor & Health Visitor check Yes / No
- 18 month medical Yes / No
- Pre-school medical Yes / No

Has your child had any illnesses, operations or admission to hospital? If so, please say what they are:.....

Does he / she still suffer from the effects of illness, if so, how?

Does he / she still take any medicine now? If so, what?

Has he / she any allergies?.....

Any problems with anaesthetics?Yes / No

VACCINATIONS

Has your child had the following vaccines?

2 – 4 months – Diphtheria, Tetanus, Pertussis & Polio (triple), Hib, Meningitis C, Pneumococcal, Rotavirus

- 1st dose Yes / No
- 2nd dose Yes / No
- 3rd dose Yes / No

12 - 13 months old – MMR, Hib/Meningitis C, Pneumococcal Yes / No

Age 3 years 4 months – Dip, Tetanus, Pertussis, Polio, MMRYes / No

Girls age 12-13 HPV Yes / No

Age 15 – Tetanus, Dip, Polio, Meningitis C booster Yes / No

FAMILY HISTORY

Are there any illnesses or health problems in your child’s family? (Parents or siblings)
If so, please say who and what the problem is.

1.
2.
3.
4.

THANK YOU FOR YOUR HELP



Health & Social Care
Information Centre

Letter for new patients: important information about your Summary Care Record

Dear patient,

The NHS in England has introduced the Summary Care Record, an electronic health record that can be accessed when you need urgent treatment from somebody other than your own GP.

Summary Care Records contain key information about the medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had in the past. You will be able to add other information too if you and your GP agree that it is a good idea to do so.

If you have an accident or fall ill, the people caring for you in places like accident and emergency departments and GP out of hours services will be better equipped to treat you if they have this information. Your Summary Care Record will be available to authorised healthcare staff whenever and wherever you need treatment in England, and they will ask your permission before they look at it.

You need to make a decision

Your GP practice is supporting Summary Care Records and as a patient you have a choice: **PLEASE TICK**

Yes, I would like a Summary Care Record (Admin staff code: 9Ndm – express consent)

No, I do not want a Summary Care Record (Admin staff code: 9Ndo – express dissent)

Name of patient

Date of birth

Address

Signature

If filling out this form on behalf of your child, if under 16, your name

Relationship to child Your signature

What does it mean if I **DO NOT** have a Summary Care Record? NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency. Your records will stay as they are now with information being shared by letter, email, fax or phone. If you have any questions or want to discuss your choices, please contact your GP practice.

You are free to change your decision at any time by informing your GP practice.

Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, please tell them about Summary Care Records and explain the options available to them.

For more information talk to your GP practice, or call the Health and Social Care Information Centre on 0300 303 5678.

Admin use only: CODED BY DATE

NHS Summary Care Record with additional information

If you are registered with a GP practice in England you will have a Summary Care Record (SCR), unless you have previously chosen not to have one. It includes important information about your health:

- Medicines you are taking
- Allergies you suffer from
- Any bad reactions to medicines

You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs. Having an SCR means that when you need healthcare you can be helped to recall vital information.

SCRs can help the staff involved in your care make better and safer decisions about how best to treat you.

You can choose to have additional information included in your SCR, which can enhance the care you receive. This information includes:

- Your illnesses and health problems
- Operations and vaccinations you have had in the past
- How you would like to be treated - such as where you would prefer to receive care
- What support you might need
- Who should be contacted for more information about you

What to do next

If you would like this information adding to your SCR (or the SCR of someone you are a carer for), then please complete this form, for return to the relevant GP surgery.

Name of Patient:

Date of Birth: Patient's Postcode:

Surgery Name: Surgery Location (Town):

NHS Number (if known):

Signature: Date:

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; **you** sign the form above and provide your details below:

Name:

Capacity:
Please circle

Parent	Legal Guardian	Lasting power of attorney for health and welfare
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If you require any more information, please visit www.hscic.gov.uk/scr/patient phone HSCIC on **0300 303 5678** or speak to your GP Practice

For practice use: To update the patient's consent status to 'Express consent for medication, allergies, adverse reactions and Additional Information' use the SCR consent preference dialogue box or add Read code **9Ndn** (or CTV3 code **XaXbZ** for SystmOne practices).