

The New Surgery

New Patient Questionnaire for Children under 15

1. PERSONAL DETAILS:

| | |
|----------------|---------------------------|
| Full name | Male of Female: |
| Address | Post code: |
| Date of birth | |
| Contact number | Text message consent: Y N |

2. ETHNIC GROUP (please tick box):

| | | | | | | | | | | | |
|-------|--------------------------|------------------------|--------------------------|------------------------|--------------------------|-------|--------------------------|---------|--------------------------|-------|--------------------------|
| White | <input type="checkbox"/> | Black or Black British | <input type="checkbox"/> | Asian or Asian British | <input type="checkbox"/> | Mixed | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Other | <input type="checkbox"/> |
|-------|--------------------------|------------------------|--------------------------|------------------------|--------------------------|-------|--------------------------|---------|--------------------------|-------|--------------------------|

| | | | |
|---------------|----------------------|--------------|----------------------|
| Height (cm) : | <input type="text"/> | Weight (kg): | <input type="text"/> |
|---------------|----------------------|--------------|----------------------|

3. Who is the child's main carer?

| | | | | | |
|----------------|----------------------|-------------|----------------------|---------------|----------------------|
| Name of carer: | <input type="text"/> | Contact No: | <input type="text"/> | Relationship: | <input type="text"/> |
|----------------|----------------------|-------------|----------------------|---------------|----------------------|

4. ALLERGIES (please specify): _____

5. EXERCISE/ACTIVITIES (please specify): _____

6. EATING HABITS: _____

7. ILLNESSES – do they suffer from (please tick)

| | | | | | | | |
|--------------------|--------------------------|-----------|--------------------------|---------|--------------------------|--------|----------------------|
| Diabetes (Type I) | <input type="checkbox"/> | Epilepsy: | <input type="checkbox"/> | Asthma: | <input type="checkbox"/> | Other: | <input type="text"/> |
| Diabetes (Type II) | <input type="checkbox"/> | | | | | | |

Is there any relevant family history? : _____

8. IMMUNISATIONS (please tick box)

| | | | | | |
|---|--------------------------|---|----|--------------------------|---|
| Are the child's immunisations up to date? | <input type="checkbox"/> | Y | or | <input type="checkbox"/> | N |
|---|--------------------------|---|----|--------------------------|---|

P.T.O

To be completed on behalf of the child

Your Summary Care Record is a short summary of your GP medical records. It tells other health and care staff that care for you about the medicines you take and your allergies. This means they can give you better care if you need health care away from your usual doctor's surgery:

- In an emergency
- When you're on holiday
- When your surgery is closed
- At out-patient clinics
- When you visit a pharmacy

You can add more information by asking your doctor. This could include:

- Health problems like dementia or diabetes
- Details of your carer
- Your treatment preferences

When you are treated away from your usual doctor's surgery, the health care staff can't see your GP medical records. Looking at your SCR can speed up your care and make sure you are given the right medicines and treatment.

Staff will ask your permission to look at it (except in an emergency where you are unconscious, for example) and only staff with the right levels of security clearance can access the system, so your information is secure.

You can ask an organisation to show you a record of who has looked at your SCR - this is called a Subject Access Request.

Please tick if you wish to **opt out** of this programme

Date of completing this questionnaire ____ / ____ / ____