New Patient Questionnaire – Child under 18

As your child is a new patient to the Practice it would be helpful if you could give us the following information. **Please bring the child's RED BOOK when you register your child**. All information on this form will be kept confidential.

PERSONAL DETAILS

Title…….. Forename…… Surname ……..

Date of Birth ……... Gender……

Address ……... NHS number ……...

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…… Postcode ……..

Contact details Mobile ……

Home telephone ……

Work / Other ……

Email ……

We are constantly working towards improving services to our patients. As part of this process we are introducing SMS text messaging or email as added choices of patient contact.

If you wish not to participate in such method of communication please inform reception to complete an OPT OUT SMA/EMAIL messaging services form.

FAMILY DETAILS

Mother's Name ……

Telephone number……..

Address Details (if different from child) ……

Father's Name ……...

Telephone number……..

Address Details (if different from child)……

Who has parental responsibility? (Please circle one or both if applicable) Mother Father

Someone else (please state name and relationship to child)……

Next of Kin (Emergency Contact- if different from above)

Name:……..

Address:……..

Telephone (Home):……Telephone (Work):……..Telephone (Mobile):……

What is the child's main or first spoken language? (One spoken predominantly at home)

……..

What is their ethnicity?

White	White British	
	Other White	
Mixed/Multiple Ethnic groups	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any other Mixed / Multiple Ethnic background	
Asian/Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Chinese	
	Any other Asian background	
Black/African/Caribbean/Black British	Black African	
	Black Caribbean	
	Any other Black background (Black/African/Caribbean background)	
Other ethnic group	Any other ethnic group including Arab	

Please list all the people (children and adults) that share the house with the child and their relationship to the child

NAME OF PERSON	**ADULT OR CHILD (UNDER 18)**	**RELATIONSHIP TO CHILD**	**ARE THEY REGISTERED AT THIS PRACTICE?**
		MOTHER	**YES / NO**
		FATHER	**YES / NO**
		SIBLING	**YES / NO**
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO

			YES / NO

RELEVANT MEDICAL HISTORY

Is your child on any medication at present?	
Is your child allergic to anything? If yes, what reaction did your child have and when? IF COMPLETED PASS TO GP FOR CODING ONTO ELECTRONIC RECORD	
Has your child had any operations or serious illness?	
Does your child have a pacemaker?	

FAMILY HISTORY- has any member of your child's close family (parents, brothers, sisters, grandparents, aunts, uncles) had any of the following illnesses? (Please circle the answer) Please provide details

Heart Disease (over 60 years of age)	Yes / No / Don't know
Heart Disease (under 60 years of age)	Yes / No / Don't know
High blood pressure	Yes / No / Don't know
Stroke	Yes / No / Don't know
Diabetes	Yes / No / Don't know
Asthma	Yes / No / Don't know
Cancer	Yes / No / Don't know
Depression/Mental Health Illness	Yes / No / Don't know

IMMUNISATIONS (MANDATORY)

If you don't have your child's red book please bring the dates of all their immunisations with you

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OTHER INFORMATION

Is your child home-schooled? Yes / No

Name of Child's Current School (MANDATORY) ……

Name of previous schools (if any) ……

Name of Health Visitor/School Nurse (if known) ……

Has your child ever been allocated a social worker ? Yes / No. If yes, when? .....

Has your child ever been allocated a social worker? Yes / No. If yes, when? .....

Has your child ever been the subject of a Child Protection Plan? Yes / No. If yes, when?.....

Has your child ever been a "Looked After" child (i.e. in Foster Care or in a Children's Home)? Yes / No

Please detail any special need's your child may have so the Practice can ensure they are identified and accommodated by taking the appropriate action. Please state below.	
Please state any sensory impairment your child has i.e. visual, hearing, sight	
Please state any physical disabilities your child has	
Please state any mental disabilities your child has	
Please state any requirements your child has to be able to access the surgery	
Please state any religious or cultural needs	
Please state any specific nutritional requirements your child may have	

The Accessible Information Standard aims to ensure that patients (or their carers) who have a disability or sensory loss can receive, access and understand information, for example in large print, braille or via email, and professional communication support if they need it, for example from a British Sign Language interpreter.

This applies to patients and their carers who have information and / or communication needs relating to a disability, impairment or sensory loss. It also applies to parents and carers of patients who have such information and / or communication needs, where appropriate.

Individuals most likely to be affected by the Standard include people who are blind or deaf, who have some hearing and / or visual loss, people who are deaf blind and people with a learning disability. However, this list is not exhaustive.

- Do you have communication needs? Yes No
- Do you need a format other than standard print? Yes No
- Do you have any special communication requirements? Yes No
- How do you prefer to be contacted? ……
- What is your preferred method of communication? ……
- How would you like us to communicate with you? ……
- Can you explain what support would be helpful? ……
- What is the best way to send you information? ……
- What communication support could we provide for you? ……

Summary Care Records

The NHS are changing the way your health information is stored and managed. The NHS summary care record is an electronic record of important information about your health. It is available to health care staff providing your NHS care. Please ask at reception for more information.

Are you happy to have a Summary Care Record?	Yes	No

Thank you for completing this form.

For more information about the services we offer please refer to our practice leaflet or visit our website

http://www.mmpmedical.com

For office use only

Named GP ……

Red book immunisation photocopied	Yes/No	**Pass to practice nurse**	
Allergies – passed to GP	Yes/No		
Other info – passed to safeguarding lead	Yes/No	Family members linked	Yes/No
School attended completed and recorded	Yes/No	Recorded AIS information	Yes/No

PLEASE CHECK THE FOLLOWING ARE RECORDED BEFORE ACCEPTING THE FORM FROM THE PARENT

Vaccination History – copy of red book

School attended:

Other household members:

At registration on SystmOne please:	
1)	Record school on record
2)	Pass any allergies recorded to GP
3)	Pass any recorded child protection information to GP
4)	Link patient to other family members.
5)	Pass the copy of the vaccination hx from red book to your practice nurse to enter onto the system.