

**St Clements Surgery**  
**New Patient Questionnaire Child**

Please return this Questionnaire with your Registration Forms and ID.

**We cannot process your application request if you do not provide your NHS number.**

It can take several weeks and sometimes months to obtain your original notes, therefore any information you can provide will assist the doctors and nurses to assess your needs and risks and offer you appropriate healthcare.

All of this information will remain completely confidential and will not be used for any other purpose.

➤ **Please provide ID at the point of registration. Acceptable ID Birth Certificate and Notification of Birth**

**NAME** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**Home Telephone Number** \_\_\_\_\_ Preferred Contact Yes/No

**Mobile Telephone Number** \_\_\_\_\_ Preferred Contact Yes/No

**CONSENT GIVEN FOR COMMUNICATION BY TEXT MESSAGE (please tick)**  
**CONSENT GIVEN FOR MESSAGES TO BE LEFT ON ANSWERPHONE OR FAMILY MEMBER (please tick)**

I have parental responsibility and understand and accept the risks of breach in confidentiality if my phone is lost, stolen or read by a third party.

I understand and accept the need to inform St Clements Surgery if my mobile phone number is changed.

Signed ..... Date .....

**Place of Birth** \_\_\_\_\_

**Next of kin** \_\_\_\_\_

**Emergency contact Name** \_\_\_\_\_

**Relationship and contact number** \_\_\_\_\_

## **ETHNIC GROUP**

(please tick the description which you feel is most appropriate)

If you do not wish to provide this, please tick the "Patient Declined" box at the end of this list.

<b>White British</b>		<b>White Irish</b>	
<b>Other White ethnic group</b>		<b>Pakistani</b>	
<b>Indian</b>		<b>Bangladeshi</b>	
<b>Chinese</b>		<b>Other Asian ethnic group</b>	
<b>Black African</b>		<b>Black Caribbean</b>	
<b>Other Black ethnic group</b>		<b>Black African &amp; White</b>	
<b>Other ethnic Asian/ White origin</b>		<b>Black Caribbean &amp; White</b>	
<b>Other ethnic group</b>		<b>Ethnic Group not given – patient declined</b>	

**Main language spoken:**

**Interpreter required Yes / No**

(Please advise at time of booking appointment)

**Does your child have any communication support needs relating to a disability, impairment or sensory loss**

**YES/NO (if yes please give details)**

\_\_\_\_\_

**Any Known Allergies:** \_\_\_\_\_

**Previous surgical procedure:** \_\_\_\_\_

## **CURRENT REPEAT MEDICATION**

**Please provide a copy of your Childs repeat prescription from the previous surgery. Please arrange an appointment to see the Doctor or the Nurse Practitioner to get this repeat medication authorised.**

## **ONLINE SERVICES**

Patient Online Access will allow you the ability to:

- Book/cancel appointments
- Order Repeat prescription
- View Summary Information (allergies, adverse reactions and medications)
- Detailed Coded Records Access (DCRA)

## **Proxy Access**

A competent patient can choose and consent to allow access to relatives and/or carers. The consent to proxy access to GP online services must be completed.

This practice accepts applications from patients as well as their proxy. Proxy access refers to access to online services by somebody acting on behalf of the patient with the patient's consent. The practice reserves the right to review and remove access at any point in the future if it is thought that it is in the best interests of the patient or if the services are being misused.

## **Access for children, parents and guardians**

- Proxy access for children will automatically be disabled when a child reaches the age of 16
- A child deemed competent may have access to their online record or authorise a parent/carer to have Proxy Access. They may also decline access to their records for a proxy.
- Where a child is deemed not to be competent, a parent can apply for access but will be registered as a Proxy User. (This will be reviewed by the practice annually, or when the child attends a further appointment – whichever is the sooner)

## **Timescales**

The Patient Services Team will be able to grant access to patients who present with the correct identification, for appointments and medication within 7 days.

If patients request access to their detailed coded information they will be notified that it may take the practice up to 14 days to review their application and grant access if appropriate. This is a guide only and in some circumstances may take longer.

## **Considerations/Approval of Access**

The practice will not approve on-line access to detailed coded information if it is deemed that it may cause physical and/or mental harm to the patient.

Patient records will be checked by trained members of staff within the practice.

Named staff will be responsible for checking if patients are on certain registers for example, learning difficulties register, child protection register, mental health or have been identified as a possible victim/perpetrator of domestic abuse. Named staff will consult with the patients usual GP if required before access is granted /denied.

**ID verification** is required to ensure access is granted to patients/proxy users that have a legitimate reason to access a record. This will prevent access being granted to the wrong person and support the practice to adhere to information security guidelines.

The appropriate application form must be completed prior to any online access being enabled. If you require this service please ask for the online application form.

## **SHARING PATIENT INFORMATION**

**NHS England has various sharing modules. Please read the attached leaflets and advise the surgery of your sharing preferences.**

**SCR** – Emergency Care Summary contains information on your allergies and medication. Children under 16 will automatically have a Summary Care Record containing details of medications, allergies and bad reactions created for them unless their parent or guardian chooses to either notify us that they would like their child to have an enriched Summary care Record (with information agreed with the GP Practice to be included) or to opt them out. If you are a parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

**Enhanced Data Sharing** - Share your medical records electronically with other NHS Service Providers that you may be referred to i.e Physiotherapy, District Nurses, Acute GP Centre. Your information will only be shared electronically if that Service Provider uses the same clinical system as us. **(Please return consent form)**

**HSCIC** – GP practices across England are required to supply patient medical information on a regular basis to Health and Social Care Information Centre. This information may be used for research purposes and to see how well different services are performing and where improvements need to be made.

## Sharing Preferences

**A. Please complete in BLOCK CAPITALS**

Title.....Surname / Family name.....

Forename(s).....

Address.....

Postcode ..... Phone No..... Date of birth.....

NHS Number (if known).....

**B. If you are filling out this form on behalf of another person or a child, please ensure you fill out their details in section A and your details in section B**

Your name..... Your signature.....

Relationship to patient ..... Date .....

<b>Sharing out from this service</b>	<b>Please tick</b>
<b>YES</b> I would like to make information recorded at this service sharable to other services caring for me	
<b>NO</b> I would not like to make information recorded at this service sharable to other services caring for me	
<b>Sharing in to this service</b>	<b>Please tick</b>
<b>YES</b> I would like this service to be able to view information recorded at other services caring for me that I have made sharable	
<b>NO</b> I would not like this service to be able to view information recorded at other services caring for me that I have made sharable	

I have read and understood the leaflet 'Your electronic patient record and the sharing of information'

**Please Note:**

- Information is recorded about you at each service where you receive care and treatment.
- All information recorded about you is done so with the strictest of confidence and that any access to your electronic records is fully auditable.
- NHS staff can only access shared information if you are receiving care from them.
- Staff access is controlled with a Smart Card using 'chip and pin' security.
- You can request certain items to be marked as 'private' and these items will not be shared
- Sharing in this way is only available where services use the same computer system
- There is a difference between a Summary Care Record, which only holds limited information about you but can be viewed by any Urgent/Emergency NHS service where you need to be seen anywhere in the country using any IT system, your Detailed Care Record, which holds all information recorded about you can only be viewed by services that use the same computer system where you are receiving care.

Practice: Terrington St Clement

Thank you for registering with the practice  
Please will you complete this form so that we can inform the Health Visitor/School Nurse

Date:	General Practitioner I AHMED	NHS No.
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Surname:	Other Names:	DOB:
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Former Address:	Present Address:	
	Is this a temporary address – Yes/No If yes, how long do you plan to stay	
Postcode:	Postcode:	Tel. No:

Previous GP:	GP Address:
Previous Health Visitor: (if known)	

Family Composition		
Name	Date of Birth	Parent/Carer/Foster Carer – please specify

Children in Family						
Name	Sex	DOB	Previous School/ Nursery	Present School/ Nursery	Any Special Needs Yes/No	NHS Number

Dates of previous immunisations				Child Health Surveillance		
	Primary Course			Pre-school booster		
	1	2	3		BCG	
Diphtheria					Measles	
Tetanus					MMR	
Pertussis						
Polio					<b>If dates unknown please tick courses given</b>	
HIB						
Meningitis C					Appointments are required for Child Health Surveillance Yes/No	

Please specify any vaccinations this child should not have