

# Castle Donington Surgery - New Patient Questionnaire – Child Questionnaire

OFFICE USE ONLY \*\* ID Seen

ID Seen  Type \_\_\_\_\_

## Current Details - Please complete in BLOCK CAPITALS

<b>TITLE:</b>		<b>FIRST NAME:</b>		<b>SURNAME NAME:</b>	
<b>GENDER:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:			<b>PREV SURNAME:</b>	
<b>DATE OF BIRTH:</b>			<b>NHS NUMBER:</b>		
<b>Current Address and Postcode:</b>					
				<b>TELEPHONE NUMBER:</b>	
				<b>WORK NUMBER:</b>	
				<b>MOBILE NUMBER:</b>	
				<b>E-MAIL ADDRESS:</b>	
<b>TOWN &amp; COUNTRY OF BIRTH:</b>					
<b>Please Tick to consent / dissent to the following forms of contact</b>					
<input checked="" type="checkbox"/> Text messages are primarily used for sending appointment reminders and confirmations. We do not send personal medical information via text message, unless otherwise agreed with the patient.					
<input checked="" type="checkbox"/> Email is used primarily when a patients requests to be sent copies of information. The practice is developing ways of using email, for those patients who consent, instead of paper letters where possible. This is to save paper, reduced cost and improve the speed in which we communicate with patients.					
<b>Email</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Mobile Text Messages</b>	
<b>Answering machine messages</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Previous Details – Please complete as fully as you can. This helps us to retrieve your medical records

<b>Previous Address and Postcode:</b>	<b>Previous Doctor Name &amp; Address:</b>
<b>If applicable, date you first came to live in Britain:</b>	<b>Previous Doctor Telephone No:</b>

## Ethnicity & Language

<b>Please choose one that best describes your ethnic group or background</b>													
<b>White British</b>	<input type="checkbox"/>	<b>White Irish</b>	<input type="checkbox"/>	<b>Other White:</b>									
<b>Black Caribbean</b>	<input type="checkbox"/>	<b>Black African</b>	<input type="checkbox"/>	<b>Other Black:</b>									
<b>Asian Indian</b>	<input type="checkbox"/>	<b>Asian Pakistani</b>	<input type="checkbox"/>	<b>Other Asian:</b>									
<b>Mixed White &amp; Black Caribbean</b>	<input type="checkbox"/>	<b>White &amp; African</b>	<input type="checkbox"/>	<b>White &amp; Asian:</b>	<input type="checkbox"/>	<b>Other:</b> <i>Please Specify</i>							
<b>1<sup>st</sup> Language Spoken / Understood: (select one)</b>													
<b>English</b>	<input type="checkbox"/>	<b>Spanish</b>	<input type="checkbox"/>	<b>Gujurati</b>	<input type="checkbox"/>	<b>Urdu</b>	<input type="checkbox"/>	<b>Bengali / Sytheti</b>	<input type="checkbox"/>	<b>Punjabi</b>	<input type="checkbox"/>	<b>Ukrainian</b>	<input type="checkbox"/>
<b>Polish</b>	<input type="checkbox"/>	<b>French</b>	<input type="checkbox"/>	<b>German</b>	<input type="checkbox"/>	<b>Hindi</b>	<input type="checkbox"/>	<b>Other:</b> <i>Please Specify</i>					
<b>DO YOU REQUIRE AN INTERPRETER?</b>				<b>Yes</b> <input type="checkbox"/>				<b>No</b> <input type="checkbox"/>					

**Next of Kin**

<b>Full Name:</b>		<b>Contact Number:</b>	
<b>Their relationship to you: (Spouse, Friend etc..)</b>		<b>Address: (If different from above)</b>	

<b>WHO HAS THE LEGAL RESPONSIBILITY FOR THE CHILD?</b>	<b>WHO CAN CONSENT FOR THE MEDICAL TREATMENT FOR THE CHILD?</b>
<input type="checkbox"/> Mother Name: _____	<input type="checkbox"/> Mother Name: _____
<input type="checkbox"/> Father Name: _____	<input type="checkbox"/> Father Name: _____
<input type="checkbox"/> Joint Names: _____	<input type="checkbox"/> Joint Names: _____
<input type="checkbox"/> Other, (please specify) _____	<input type="checkbox"/> Other, (please specify) _____

**LOOKED AFTER CHILDREN**

Are you looking after someone else's child?  Yes

If yes, under what arrangements;

Section 20 –Voluntary Care                       Interim Care Order                       Care Order  
 Child arrangement order / Residence Order                       Special Guardianship Order  
 Placed Adoption  
 Private arrangement / Private Fostering / Informal Arrangement

**Health information**

**History**

<b>Does your child have any current medical problems? If yes, please list :</b>	
<b>What other illnesses have they had &amp; when?</b>	
<b>What operations have they had and when?</b>	
<b>Please list any tablets, medicines or other treatments they are currently taking: (incl. dose + frequency)</b>	
<b>Are they allergic to any drugs? If yes, please list</b>	
<b>Any other allergies? If yes, please list</b>	

## Specific Needs

Please detail below any specific needs your child has so the Practice can ensure they are identified and accommodated by taking the appropriate action:	
Please state any Sensory Impairments (i.e. Speech, Hearing, Sight):	
Are you an 'Assistance Dog' user?	
Please state any Physical disabilities you would like us to be aware of	
Please state any Mental disabilities you would like us to be aware of	
Please state any requirements you may have to be able to access the Practice premises	
Please state any Religious or Cultural needs: (Jehovah's Witnesses etc..)	

## Online Services (SystmOnline)

<b>Children and SystmOnline</b> SystmOnline allows patients to book or cancel appointments, order medication or even view medical records and recent test results via the internet. You can sign up for SystmOnline for your children, if you have access to SystmOnline. Their account will link to your own, but please note that when they turn 16 parental access is removed automatically by the system and they will need to sign up themselves as individuals, in order to protect their confidentiality as adults.	
Tick to link your Child's SystmOnline Account	<input type="checkbox"/>
Your Name & Date of Birth	

## Data Sharing and YOUR Medical Records "Your Data Matters"

Your medical records can be made visible to some other organisations who provide healthcare services to you. For more information you can visit [www.castledoningtonsurgery.co.uk](http://www.castledoningtonsurgery.co.uk) or ask for an information leaflet from reception.

## Summary Care Records

Summary Care Records (SCR) are an electronic record of important patient information, created from GP medical records. A Summary Care Record will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had. Giving healthcare staff access to this vital information can help them treat you more quickly and effectively in an emergency or when your GP practice is closed. Children under 16 will automatically have a basic Summary Care Record. You can choose to have an enhanced summary care record which contains all of the above as well as relevant medical history, immunisations and long term medical conditions.

<b>Enhanced Summary Record</b> <i>Medication, bad reactions/allergies and additional information, including relevant medical history, immunisations and long term medical conditions.</i>	<input type="checkbox"/>
<b>Decline Summary Care Record</b> <i>If you do not wish for your child to have a SCR you will need to fill in an opt-out form. Further details on this can be obtained by speaking to reception.</i>	<input type="checkbox"/>

## Signature

Signature on behalf of Patient:	
Date	

**Thank you for taking the time to complete this form**  
 For more information about the services we offer, please refer to your patient leaflet  
 or see our website: [www.castledoningtonsurgery.co.uk](http://www.castledoningtonsurgery.co.uk)