

New patient registration questionnaire children

1. Name:

2. Date of Birth:

3. Parent/Guardian Name:

4: Medication Is the child on any repeat medication?
Yes / No (Please circle one)

If yes please list the name of the medication

5: Ethnicity i.e. English, French, Indian, Chinese

6: Language First Language Spoken

7: Would you like to register for our online service? Yes No

If yes please confirm email address: _____

(Patient access allows you to view records online, order medication and book appointments)

8: What is your Summary Care Record (SCR) consent?

Consent for medication, allergies, and adverse reactions only

Consent for medication, allergies, adverse reactions, AND additional information

Dissent (opt out) – I do not want a Summary Care Record

(The NHS is changing how patient information is stored and shared in England, to provide better care for patients. SCRs provide healthcare professionals treating patients in different care settings with faster access to key clinical information.)