

Wetherby Surgery

New Patient Questionnaire – Child

Please complete all pages in full using block capitals

1. Background Details

Your Child's Details

| | | | |
|--------------|--|----------------|--|
| Child's Name | | Gender | |
| Address | | Date of Birth | |
| | | Home Telephone | |

Parent or Guardian Details

| | | | |
|---------------------------|------------------------------------------------------|----------------|--|
| Your Name | | Relationship | |
| Address | | Home Telephone | |
| | | Work Telephone | |
| Mobile Telephone | I consent to be contacted* by SMS on this number: | | |
| Email | I consent to be contacted* by email at this address: | | |
| Family Registered With Us | | | |

* It is your responsibility to keep us updated with any changes to your telephone number, email & postal address. We may contact you with appointment details, test results or health campaigns

If you do not consent to being contacted by SMS or Email, please tick here: SMS Email

Other Details

| | | |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Previous GP | Name: | Address: |
| Country of Birth | | |
| School | | |
| Ethnicity | <input type="checkbox"/> White (UK) <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Arabic <input type="checkbox"/> White (Irish) <input type="checkbox"/> Black African <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/> White (Other) <input type="checkbox"/> Black Other <input type="checkbox"/> Pakistani <input type="checkbox"/> Other | |
| Religion | <input type="checkbox"/> C of E <input type="checkbox"/> Buddhist <input type="checkbox"/> Sikh <input type="checkbox"/> Catholic <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> No religion <input type="checkbox"/> Other Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Jehovah's Witness <input type="checkbox"/> Other: | |
| Housing | <input type="checkbox"/> Own Home <input type="checkbox"/> Refugee <input type="checkbox"/> Sheltered House <input type="checkbox"/> Asylum Seeker | |
| Overseas Visitor | <input type="checkbox"/> Yes <input type="checkbox"/> European Health Insurance Card Held (please bring details with you) | |
| Armed Forces | <input type="checkbox"/> Family Member | |

Communication Needs

| | |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Language | What is your child's main spoken language? Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Communication | Does your child have any communication difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please identify below <input type="checkbox"/> Hearing aid <input type="checkbox"/> Large print <input type="checkbox"/> British Sign Language <input type="checkbox"/> Lip reading <input type="checkbox"/> Braille <input type="checkbox"/> Makaton Sign Language <input type="checkbox"/> Guide dog |

2. Medical History

Medical History

Has your child suffered from any of the following conditions?

Asthma Depression Diabetes Epilepsy

Any other conditions, operations or hospital admission details:

If your child is currently under the care of a Hospital or Consultant outside our area, please tell us here:

Family History

Please record any significant family history of close relatives with medical problems and confirm which relative e.g. mother, father, brother, sister, grandparent

| | | | |
|----------------------------------------|----------------------------------------------|----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Asthma..... | <input type="checkbox"/> Heart Disease..... | <input type="checkbox"/> Diabetes..... | <input type="checkbox"/> Depression..... |
| <input type="checkbox"/> COPD..... | <input type="checkbox"/> Stroke..... | <input type="checkbox"/> Kidney Disease..... | <input type="checkbox"/> Thyroid..... |
| <input type="checkbox"/> Epilepsy..... | <input type="checkbox"/> Blood Pressure..... | <input type="checkbox"/> Liver Disease..... | <input type="checkbox"/> Cancer..... |

Other:

Allergies

Please record any allergies or sensitivities below

Current Medication

Please give us your child's previous medication list

3. Further Details

Named Accountable GP

Your child will be allocated a named GP

You are however entitled to make an appointment to see any GP of your choice, subject to availability.

Electronic Prescribing

Your prescriptions will be dispensed automatically by the surgery unless you live in Tadcaster, Wetherby or Boston Spa, if you live in Clifford please speak to reception.

Pharmacy:

| | |
|-------------------------------------------------------------------------------------------------------------------------------------|--|
| If you would like your prescriptions to automatically be sent to a pharmacy of your choice please give details of pharmacy opposite | |
|-------------------------------------------------------------------------------------------------------------------------------------|--|

Sharing Your Health Record

What is your health record?

Your child's health record contains all the clinical information about the care they receive. When they need medical assistance it is essential that clinicians can securely access their health record. This allows them to have the necessary information about your child's medical background to help them identify the best way to help them. This information may include their medical history, medications and allergies.

Why is sharing important?

Health records about your child can be held in various places, including your GP practice and any hospital where your child has had treatment. Sharing your child's health record will ensure they receive the best possible care and treatment wherever they are and whenever they need it. Choosing not to share your child's health record could have an impact on the future care and treatment your child receives. Below are some examples of how sharing your child's health record can benefit them:

- | | |
|--------------------------------|-------------------------------------------------------------------------------|
| • Sharing your contact details | This will ensure your child receives any medical appointments without delay |
| • Sharing your medical history | This will ensure emergency services accurately assess your child if needed |
| • Sharing your medication list | This will ensure that your child receives the most appropriate medication |
| • Sharing your allergies | This will prevent your child being given something to which they are allergic |
| • Sharing your test results | This will prevent further unnecessary tests being required |

Is my health record secure?

Yes. There are safeguards in place to make sure only organisations you have authorised to view your child's records can do so. You can also request information regarding who has accessed your child's information from both within and outside of your surgery.

Can I decide who I share my health record with?

Yes. You decide who has access to your child's health record. For your child's health record to be shared between organisations that provide care to your child, your consent must be gained.

Can I change my mind?

Yes. You can change your mind at any time about sharing your health record, please just let us know.

Can someone else consent on my behalf?

If you do not have capacity to consent and have a Lasting Power of Attorney, they may consent on your behalf. If you do not have a Lasting Power of Attorney, then a decision in best interests can be made by those caring for you.

What about parental responsibility?

If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

What is your Summary Care Record?

Your child's Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This can be viewed by GP practices, Hospitals and the Emergency Services. If you do not want a Summary Care Record, please ask your GP practice for the appropriate opt out form. With your consent, additional information can be added to create an Enhanced Summary Care Record. This could include your child's care plans which will help ensure that your child receives the appropriate care in the future.

How is my personal information protected?

Bramham Medical Centre will always protect your personal information. For further information about this, please see our Privacy Notice on our website or please speak to a member of our team

For further information, please see: www.nhs.uk/NHSEngland/thenhs/records

4. Sharing Your Health Record

Your Health Record

Do you consent to your GP Practice sharing your Child's health record with other organisations who care for them?

- Yes *(recommended option)*
- No, except in an emergency
- No, never *(not recommended, please discuss this with your GP before ticking this option)*

Do you consent to your GP Practice viewing your Child's health record from other organisations that care for them?

- Yes *(recommended option)*
- No

Your Summary Care Record (SCR)

Do you consent to your child having an Enhanced Summary Care Record with Additional Information?

- Yes *(recommended option)*
- No

Access to GP Online Services

Important Information – Please read before completing the form below

If you wish to, you can now use the internet (via computer or mobile app) to book appointments with a GP, request repeat prescriptions for any medications your child takes regularly and look at your child's medical record online. You can also still use the telephone or call into the surgery for any of these services as well. It's your choice.

It will be your responsibility to keep your child's login details and password safe and secure. If you know or suspect that your child's record has been accessed by someone that you have not agreed should see it, then you should change your password immediately. If you are unable to do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your child's record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

During the working day it is sometimes necessary for practice staff to input into your record, for example, to attach a document that has been received, or update your information. Therefore you will notice admin/reception staff names alongside some of your medical information – this is quite normal.

The definition of a full medical record is all the information that is held in a patient's record; this includes letters, documents, and any free text which has been added by practice staff, usually the GP. The coded record is all the information that is in the record in coded form, such as diagnoses, signs and symptoms (such as coughing, headache etc.) but excludes letters, documents and free text.

Before you apply for online access to your child's record, there are some other things to consider. Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Forgotten history

There may be something you have forgotten about in your child's record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

Choosing to share your information with someone

It's up to you whether or not you share your child's information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion

If you think you may be pressured into revealing details from your child's patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your child's medical record is designed to be used by clinical professionals to ensure that they receive the best possible care. Some of the information within your child's medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about your child or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

For further information, please see:

www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-online-services.aspx

**5. Online Access To Your Child's Health Record
(this will automatically cease when your child reaches the age of 13)**

I wish to have online access for my child to: *Please tick all that apply*

- View & book appointments
- View & request medication
- Access my child's coded medical record (*contains any medical codes that have been recorded*)
- Access my child's full medical record (*contains medical codes **and** any free text that has been recorded*)
- Access my child's Summary Care Record
- Complete online questionnaires

I wish to access my child's medical record & understand & agree with each statement: *Please tick all that apply*

- I have read and understood the 'Important Information' section below
- I will be responsible for the security of the information that I see or download
- If I choose to share my child's information with anyone else, this is at my own risk
- I will contact the practice as soon as possible if I suspect that my child's account has been accessed by someone without my agreement
- If I see information in my child's record that is not about them, or is inaccurate I will log out immediately and contact the practice as soon as possible

Please bring photographic proof of your identification in order for the process to be completed

Parent or Guardian Signature

| | |
|-----------|------------------------------------------------------------------------------------|
| Signature | I confirm that the information I have provided is true to the best of my knowledge |
| Name | |
| Date | |

Checklist

Please ensure the following are done and provided so that your registration can be completed successfully

- Completed & Signed Above Form
- Completed & Signed GMS1 Form
- Birth Certificate
- Photo Proof of ID e.g. Passport, Photo Driving License or Photo ID card
- Proof of Address e.g. Bank statement, Utility Bill or Council Tax from within the last 3 months

Practice Use Only

| | | | | |
|------------------|---------------------------------------|------------------------------------------|-----------------------------------------|--------------------------------|
| Appointment | <input type="checkbox"/> Required | <input type="checkbox"/> Not Required | | |
| Photo ID | <input type="checkbox"/> Passport | <input type="checkbox"/> Driving licence | <input type="checkbox"/> Identity card | <input type="checkbox"/> Other |
| Proof of Address | <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Council Tax | <input type="checkbox"/> Bank Statement | <input type="checkbox"/> Other |

| | | | |
|---------------------------------------------------------------|--------------------------------------|------|--|
| ID verified by: | | Date | |
| Authorised by (<i>if applicable</i>) and added to SystemOne | | Date | |
| Passed for scanning | <input type="checkbox"/> Yes – Name: | | |