

Medication and Medical Certificates

Please obtain 6 weeks supply of your medication from your previous GP Practice before registering with us. Our Doctors cannot supply medication without your records from your previous GP Practice or Letters from Hospital.

Please book an appointment with a GP, once registered, with information regarding your medication to obtain a new prescription from us at least 2 weeks before you run out.

Please obtain a new medical certificate from your old GP Surgery, to last at least 4 weeks, if still needed.

WELCOME TO THE LINKS MEDICAL PRACTICE

CHILDREN'S QUESTIONNAIRE (Age 0-15 years)

Today's date.....

PLEASE MAKE SURE THAT YOU FILL IN ALL INFORMATION THAT IS IN BOLD PRIOR TO HANDING THIS DOCUMENT INTO RECEPTION!

The information will help the Practice to provide better medical care for your family. We do advise that it is the best policy that the child's parent (s) or carer are registered at the same GP surgery

Surname (As on the Birth Certificate).....

First name.....

Date of Birth.....

Address including postcode.....

.....

.....

Is your child a Carer for a family member YES NO

(A carer is someone who without payment, provides help and support to a parent, who could not manage without their help)

Details of Next of Kin

Mother's full name Please PRINT surname first:

.....

Mothers Emis patient number:

If mother not on our list, please give details

Address:.....

.....

Mothers Contact telephone number: Daytime.....

Evening time.....

Father's full Name.....

Does father have parental responsibility?

(only answer yes if father was married to mother at time of child's birth or has obtained it by jointly registering the birth of the child with the mother, by a parental responsibility agreement with the mother or by a parental responsibility order made by a court).

Fathers Emis Patient Number {if relevant}.....

If father not on our list, please give the following details:

Full Name (Please print).....

Address.....

Fathers Contact telephone number Daytime.....
Evening.....

Name of any other carer who is not a parent.....

Carers Relationship to child.....

Cares Emis patient number if appropriate.....

Carers address.....

.....

Carers contact telephone number Daytime.....
Evening.....

Please note that except in the case of foster/adoptive parents, written authorisation is required from the parent with parental responsibility to allow any other carer to attend surgery alone with child. This includes the child's grand parents.

Name and Address & telephone no. (including post code) of child's previous GP
.....
.....

Childs Previous Address.....
.....
.....

Current School attending (if of school age)

ETHNIC ORIGIN

Please state.....

FIRST SPOKEN LANGUAGE.

Please state.....

Child's Medical History

Birth Details

Was his/her birth normal? Yes No Give details:

Was it on time: Yes No Give details:

Pregnancy problems yes No Give details:

.....

Labour problems Yes No Give details:

First week problems yes No Give details:

HAS YOUR CHILD HAD: Measles Mumps Whooping Cough
 German Measles Asthma Eczema

HAS YOUR CHILD HAD ANY SERIOUS ILLNESS OR ACCIDENTS?

Yes No Please Give details:

Date:

Details

Date:

Details:

HAS YOUR CHILD HAD ANY HOSPITAL ADMISSIONS: Yes No
If yes please give details including approximate dates:

.....
.....

IS YOUR CHILD ON ANY REGULAR MEDICATION? Yes No

If yes please list medication:

.....
.....
.....

DOES YOUR CHILD SUFFER FROM ANY DRUG ALLERGY? Yes No

If yes please give details.

.....
.....

<u>Vaccinations</u>	<u>Date</u>	<u>Which Surgery/Clinic gave injection</u>
Diphtheria Whooping Cough Tetanus }	1 st	.....
	2 nd	.....
	3 rd	.....
Polio	1 st	.....
	2 nd	.....
	3 rd	.....
HIB	1 st	.....
	2 nd	.....
	3 rd	.....
Measles, mumps, Rubella (MMR)	.....	.....

Diphtheria	} Tetanus booster	Pre-school	
Polio		.....	.....
Rubella booster		.....	.....
BCG		.....	.....

Childhood Checks

Normally we do all vaccinations and children's checks (6-8 weeks and 3 years) in the Surgery. If you intend your

child to have them elsewhere, please say which Clinic.....

Mother's or legal guardian's signature

..... Date.....

For Office Use:

Type Proof of original address seen:
Proof of Id seen (e.g. Original Birth certificate)

Signature of staff who has viewed the above documents.....

FIRST LANGUAGE TICK BOX RECORDING

Please tick the box that applies to the main language that you/the patient speaks or prefers to speak.

Language	Tick Box	Read Code
Akan (Ashanti)		13ic.
Albanian		13iS.
Amharic		13id.
Arabic		13iO.
Bengali		13i1.
Brawa		13ie.
Uses British Sign Language		13ZM
Cantonese		13i2.
Creole		13Z6
Dutch		13if.
English		13i4.
Ethiopian		13ig.
Farsi (Persian)		13iO.
Finnish		13uT.
Flemish		13ih.
French		13i5.
French Creole		13ii.
Gaelic		13ij.
German		13iR.
Greek		13iV.
Gujerati		13i6.
Hakka		13ik.
Hausa		13i7.
Hebrew		13ii.
Hindi		13i8.
Igbo		13im.
Italian		13iQ.
Japanese		13iW.
Korean		13iX.
Kurdish		13iN.
Lingala		13in.
Luganda		13io.
Makaton Sign Language		13ZP
Malayalam		13ip.
Mandarin		13iB.
Norwegian		13iq.
Pashto (Pushtoo)		13ir.
Patois		13is.
Polish		13iC.
Portuguese		13iD.
Punjabi		13iE.
Russian		13iF.
Serbian		13it.
Croatian		13iT.
Sinhala		13iu.
Somali		13iG.
Spanish		13iH.
Swahili		13ii.
Swedish		13iv.
Sylheti		13iJ.
Tagalog (Filipino)		13iw.
Tamil		13iK.
Thai		13ix.
Tigrinya		13iy.
Turkish		13iZ.
Urdu		13iL.
Vietnamese		13ib.
Welsh		13iz.
Yoruba		13iM.
Other		13Z6
Patient Declines		13ZG

Standard Tick Box for recording ethnic group

What is your ethnic group?

Please choose **ONE** section from A to E, then tick the appropriate box on the right to indicate your ethnic group.

Thank you.

Ethnic Group	TICK HERE	
A White		
British		9i0
Irish		9i1
Any other white background (please write in line below)		9i2
B Mixed		
White and Black Caribbean		9i3
White and Black African		9i4
White and Asian		9i5
Any other mixed background (please write in line below)		9i6
C Asian or Asian British		
Indian		9i7
Pakistani		9i8
Bangladeshi		9i9
Any other Asian background (please write in line below)		9iA
D Black or Black British		
Caribbean		9iB
African		9iC
Any other Black background (please write in line below)		9iD
E Chinese or other ethnic group		
Chinese		9iE
Any other (please write in line below)		9iFK
Not stated/declined		
Declined: patient chooses not supply this information		9SD



Your emergency care summary

CONFIDENTIAL

OPT-OUT FORM

Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice (completed forms must be returned to your GP practice. Forms sent anywhere other than your GP practice will not be actioned).

A. Please complete in BLOCK CAPITALS

Title Surname / Family name

Forename(s)

Address

Postcode Phone No Date of birth

NHS number (if known) Signature

B. If you are filling out this form on behalf of another person or child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name Your signature

Relationship to patient Date

What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please:

- phone the Summary Care Record Information Line on 0300 123 3020;
- contact your local Patient Advice Liaison Service (PALS); or
- contact your GP practice.

FOR NHS USE ONLY

Actioned by practice yes/no

Date

Ref: 4705



Risks and protections

Staff disclosing information.

The NHS already shares information widely and most NHS staff are honest and trustworthy. There are occasional problems with staff accessing records and disclosing information inappropriately. With the new NHS systems, the number of staff who will have an opportunity to look at your clinical records when they shouldn't will be greatly reduced.

Only staff with special security cards can log onto the new NHS system. This allows the NHS to track precisely who has done or seen what – and you can ask for this information. Unlike today, staff will have to be involved in your care to access your records and they will only see information appropriate to their role. You will be asked if staff can look at your SCR every time they need to.

Hackers. Safeguards that will protect the summary care record from hackers have been designed by security experts. They are far stronger than the safeguards in place anywhere within the NHS today.

Wrong information. It is important that the information about you is accurate. All data that goes into a SCR will have to pass quality controls. Once you are able to access it, you too can check it and point out any remaining errors.

Access by the state. No other part of government will have direct access to your SCR. As now, any information from your record that the NHS gives to others, such as the police, would be very strictly limited by law. In fact, the SCR gives the opportunity to improve things by ensuring that any such disclosures follow consistent procedures and are recorded and monitored.

More control by the patient.

The greatest safeguards for your SCR are that you will know who else has seen it and have more control than ever before over what it contains and who has access. You can ask for it to appear as a blank screen, or ask for information to be removed or not added in the first place. Later on, additional controls will allow you to let staff see some parts of your SCR but not others.

We hope that the information provided has made clear the practical results of your decision. Please be assured that the Department of Health is committed to honouring your decision and doing all it can to ensure you get the best health-care possible. You can, of course, change your mind at any time. We urge you to review your decision from time to time.