AELFGAR SURGERY

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CHILD NEW PATIENT QUESTIONNAIRE

PERSONAL DETAILS

SURNAME : _____ FORENAME : _____

DATE OF BIRTH: _____

ADDRESS : _____

POSTCODE : _____

TEL NO : (HOME) :_____ (MOBILE) : _____

EMAIL :

Do you consent to text/email reminders? YES ☐ NO ☐

Is this child on the child protection register? YES ☐ NO ☐

Is this child under a special guardianship order? YES ☐ NO ☐

Is this child a looked after child? YES ☐ NO ☐

Who has Parental Responsibility?	
Name :	Name :
Address :	Address :
Telephone number :	Telephone number :

In order that we may take into account a patient's culture, religion and background when providing appropriate individual care, your assistance in completing this section is greatly appreciated as it helps us to improve our policies and procedures

White British	☐	Pakistani	☐
White Irish	☐	Bangladeshi	☐
White Other	☐	Other Asian background	☐
White & Black Caribbean	☐	Black Caribbean	☐
White & Black African	☐	Black African	☐

White & Asian	☐	Other Black background	☐
Other Mixed Background	☐	Chinese	☐
Indian	☐	Any other	☐

Height and Weight	
Height :_____	Weight :_____

Assistance During Appointments

In order for us to provide your child with any assistance they may require during consultations, please let us know if they would benefit from any of the following:-

First Language NOT English – require a translator ☐

Spoken language: _____

Deafness – require a sign language translator ☐

Disability – require a carer ☐

Our practice has a standard with regards to communicating with you and can use a variety of methods in order to do this. To ensure we promote the effective and clear policy by which ever means is appropriate to the circumstances, we would be most grateful if you could advise us if your child requires any of the following :

Tick as appropriate	√
Requires Audible Alert	
Using British Sign Language	
Requires information by email	
Requires written information in large font	
Requires information in Grade 1 Braille	
Requires information in Grade 2 Braille	

IDENTIFICATION DOCUMENTS REQUIRED WHEN REGISTERINGAS A NEW PATIENT

When returning the completed registration form, please bring your proof of identification.

PROOF OF NAME
(One of the following)

Birth Certificate
Marriage Certificate
Driving Licence (valid)*
Passport (valid)*

PROOF OF ADDRESS;MUST BE DATED WITHIN THE LAST 3 MONTHS
(One of the following)

Utility Bill
Council Rent Book
Bank Statement
Credit Card Statement
Letter from Benefits Agency

***Please note if applying for Online Access to your medical records, photo ID must be produced.**

Information for our patients.

We're improving how we communicate with patients. Please tell us if you need information in a different format or need communication support.

Summary Care Records

NHS

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 .....

Application for online access to my medical record

Surname	Date of birth
First name	
Address Postcode	
Email address	
Telephone number	Mobile number

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Accessing my medical record	☐

I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	☐
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	☐
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	☐

Signature	Date

For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐	
Authorised by		Date	
Date account created			
Date passphrase sent			
Level of record access enabled All ☐ Prospective ☐ Retrospective ☐ Detailed coded record ☐ Limited parts ☐		Notes / explanation	

FOR PRACTICE USE ONLY	Checked By (Initials)
Registration Form completed and signed	
New Patient Questionnaire completed	
SCR option selected (Opt-Out Form completed if dissent given)	
ID Verified and photocopied	
New Patient Health Check appt made	
Check if requesting online access and if so sign to say you have seen ID	
Communication Template completed	