

Manor Medical Practice New Patient Questionnaire - Children

Personal

Name _____

Date of Birth _____ Age _____ Height _____ Weight _____

Email address _____

School Attended _____

Sharing Consent: EMIS Sharing

Do you consent to your detailed record being shared across organisations (e.g. Stepping Hill Hospital)? YES NO

Sharing Consent: Summary Care Record

I give consent to share my medication, allergies & adverse reactions only

I give consent to share my medication, allergies, adverse reactions & additional info

I do not give consent to share my care record

Tick box to confirm you are available to attend **both** Hillgate & Offerton sites

If you have a disability or sensory loss and require an alternative method of communication, for example, large print letters, telephone call or email format please indicate here:

Next of Kin

Name _____

Relationship _____ Tel _____

Same address as yourself?

Ethnicity

English	Indian or British Indian	
Scottish	Pakistani or British Pakistani	
Welsh	Bangladeshi or British Bangladeshi	
Northern Irish	Chinese	
British or Mixed British	Caribbean	
Irish	African	
Gypsy/Romany	Other White Background	
Irish Traveller	Other Mixed Background	
White British	Other Asian Background	
White and Black Caribbean	Other Black Background	
White and Black African	Any Other Group	
White and Asian	Arab	
Refusal to disclose ethnicity		

First spoken language _____