

New Patient Questionnaire Form - Child

Please complete all pages in full using block capitals

1. Background Details

Your Child Details: *If a child is over the age of 13 years these need to be their own contact details. Please see part 6*

Name		Date of Birth	
NHS Number		Home Telephone	
Mobile Telephone		Can we contact you by text?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address		Can we contact you by email?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent or Guardian Details

Your Name		Relationship	
Home Telephone			
Name of family member's registered with us, date of birth and relationship to child			

** It is your responsibility to keep us updated with any changes to your telephone number, email & postal address.*

Other Details

What School/ Nursery does your child attend?			
Who does the child live with?			
Does the child have a social worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social worker's name	
Does the child have a health visitor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Health visitor name	
Religion	<input type="checkbox"/> C of E <input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian	<input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh <input type="checkbox"/> Jewish <input type="checkbox"/> Jehovah's Witness <input type="checkbox"/> No religion <input type="checkbox"/> Other:
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 main spoken language? Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Communication	Do you have any communication needs? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please specify 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
Learning disability	Do you have a Learning Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please request a Learning Disability Screening Tool form)

Carer Details

Are you a carer?	<input type="checkbox"/> Yes – Informal / Unpaid Carer <input type="checkbox"/> Yes – Occupational / Paid Carer <input type="checkbox"/> No		
Do you have a carer?	<input type="checkbox"/> Yes	Name*:	Tel: Relationship:

** Only add carer's details if they give their consent to have these details stored on your medical record*

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 attach if possible a copy of your repeat prescription request and include any other medication you may be taking which does not appear on your list. PLEASE NOTE AN APPOINTMENT WITH THE GP MAY BE NECESSARY FOR A MEDICATION REVIEW.

3. Further Details

Named Accountable GP

The GP who has overall responsibility for your child's care is

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

Electronic Prescribing

If you would like your child's prescriptions to go electronically, please provide details of the pharmacy you would like to use:

Pharmacy:

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

4. Sharing Your Health Record

Your Health Record

Sharing Out

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

- Yes (*recommended option*)
- No

Sharing In

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

Parent or Guardian Signature

Signature

Name

Date

Sharing Your Health Record

What is your health record?

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

Why is sharing important?

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

- Sharing your contact details This will ensure you receive any medical appointments without delay
- Sharing your medical history This will ensure emergency services accurately assess you if needed
- Sharing your medication list This will ensure that you receive the most appropriate medication
- Sharing your allergies This will prevent you being given something to which you 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 records can do so. You can also request information regarding who has accessed your 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 health record. For your health record to be shared between organisations that provide care to you, 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 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 care plans which will help ensure that you receive the appropriate care in the future.

How is my personal information protected?

Forest Health Care 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 about your health records, please see: www.nhs.uk/NHSEngland/thenhs/records

For further information about how the NHS uses your data for research & planning and to opt-out, please see: www.nhs.uk/your-nhs-data-matters

5. Online Access To Your Health Record: *Online access is only available until a child's 11th Birthday. To enable us to grant online access for children under the age of 11 parents/ guardian must have online access. Also we need a mobile, email address and consent to contact you by text and email*

Name:

NHS Number:

Date of Birth:

Address:

Telephone:

Email Address:

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

- Book appointments
 Request medication
 View my 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 information with anyone else, this is at my own risk
 I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
 If I see information in my record that it not about me, 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

Name

Date

6. Children over the age of 13:

NHS guidance is that patients over the age 13 must have either their own mobile number and email address on their medical record or consent for their parent or guardian mobile number and email address to be held on their records.

Please complete the attached form with your contact details and sign **Part 1** so that we may add these to your medical record.

Alternatively, if you wish for your parent/guardian to continue to have access to your medical record please complete the consent form in **Part 2** of the attached form that says we have permission to share information with them and return it to the surgery. You may withdraw consent for this at any time.

Patient details:

Name:

Date of Birth:

Address:

Mobile Number :

Email Address:

Part 1 How would you like us to contact you?

Email: Yes No

Text messages for appointments, reminders and reviews: Yes No

Text messages for results and health information: Yes No

Patient Signature _____

Date _____

Or Part 2 Consent Form for Parent/Guardian Continuation of Care

I consent for the surgery to contact me via my parent/carer's email and mobile number regarding:

Messages for appointments, reminders and reviews: Yes No

Messages for results and health information: Yes No

I understand that I will need to provide permission again when I reach 16 and may withdraw permission at any time.

Patient Signature _____

Date _____

Parent/Guardian Signature and details:

How would you like us to contact you?

Text messages for appointments, reminders and reviews: Yes No

Text messages for results and health information: Yes No

Email: Yes No

Name:

Address:

Mobile Number:

Email Address:

Relationship to patient:

Parent/Guardian Signature _____

Date _____

For Practice Use Only:

Identity verified through (tick all that apply)	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Self vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/> Professional vouching		
Name of Verifier		Date	
Name of person who authorised and added to SystemOne		Date	
Photocopied this page	<input type="checkbox"/> Yes – Name:		
Passed for scanning	<input type="checkbox"/> Yes – Name:		

Access to GP Online Services

Important Information – Please read before completing 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 you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your 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 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 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 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 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 patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your 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 you 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