

ELMLODGE SURGERY

NEW PATIENT QUESTIONNAIRE CHILD

Surname..... Male Female

First Name.....Date of Birth...../...../.....

Name of Parent 1.....Name of Parent 2.....

Please give details of any foster parent or guardian who also look after the child:

Name.....

Contact Number.....

If the child is of school age please give details of the child's school:

School name.....

School contact number

Does the child have a social worker? Yes No

If yes, please give details of the child's social worker's contact information:

Social worker's name.....

Social worker's contact number.....

Does the child have a carer for a medical condition? Yes No

If yes, please give details of the child's carer's contact information:

Name.....

Contact Number.....

Medical History

Does the child suffer from any of these conditions?	Yes/No	Year when diagnosed
Diabetes Type 1	Yes/No	
Epilepsy	Yes/No	
Asthma	Yes/No	
Hayfever	Yes/No	
Eczema	Yes/No	
Cancer	Yes/No	
If YES, please state which type e.g. Breast, Colon	Detail:	

Please give detail of any other conditions the child suffers from that are not mentioned in the table:

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

Medication: With the registration forms please bring in copies of the repeat lists which state the current medications the child is on. If you do not have a copy, please book an appointment with a GP and bring along the child's medications to the appointment.

Immunisations: It is essential that we have an up to date record of the child's immunisation. Therefore with the registration, please bring along the child's red book. This will be returned and ready for collection from reception a week after hand in.

Allergies

Please fill in the table below if the child has any allergies:

Medication:	Severity:	Food:	Severity:	Anything else:	Severity:

Consent for patient record sharing

SCR (Summary care record) An electronic record which gives healthcare staff faster and easier access to essential information about the child to help provide you with safe treatment when the child needs care in an emergency or when the GP practice is closed.

Only details provided:

- Demographics (name/address/contact details)
- Medication
- Allergies

Tick box to withdraw consent (9Ndo)

Non-identifiable patient data Sometimes the practice shares information with other organisations such as the clinical commission group. It will not normally be possible to identify the child from this information.

Tick box to withdraw consent (9Nu0)

If you wish to opt out of all non-identifiable data sharing across the NHS please visit www.nhs.uk/your-nhs-data-matters

LUCR (Southwark and Lambeth local unified care record) Data sharing for the provision of coordinated clinical care between GPs, community providers and hospitals.

Access to GP records only provides:

- Read coded data (demographics, diagnosis, medications, allergies, test results such as blood pressure and blood tests etc.)

Tick box to withdraw consent

Ethnic Status, Nationality and Language

Ethnicity: We are asked to collect details of your ethnic background so that those who plan services can see that that all sections of the community can easily access health services and that the way that these services are provided is appropriate to people from all backgrounds. To help do this, would you tell us the ethnic group to which the child belongs to? The information we gather is strictly confidential and will not be passed onto anyone else with the name attached, or with any other information that could identify the child.

What is the child's country of birth?.....

What is the child's main spoken language?.....

What language does the child prefer to read?.....

What do you consider to be the child's national identity?.....

Does the child need an interpreter or translator? Yes No

Please circle the code for the group that you think is most appropriate for the child.

WHITE	CODE	BLACK OR BLACK BRITISH	CODE
British	A	Caribbean	M
Irish	B	African	N
Any other White background	C	Any other black background	P
MIXED		OTHER ETHNIC GROUPS	
White and Black Caribbean	D	Chinese	R
White and Black African	E	Any other ethnic group	S
White and Asian	F		
Any other mixed background	G	NOT STATED	
ASIAN OR ASIAN BRITISH		I don't wish to give ethnicity	Z
Indian	H		
Pakistani	J		
Bangladeshi	K		
Any other Asian background	L		

Thank you for providing the above information. We welcome the child to the surgery. If you have any questions about our services please do not hesitate to speak to one of our receptionists.

Elm Lodge Surgery collects and holds data about our patients for the purpose of providing safe and effective healthcare. We recognise that our patients entrust sensitive and personal information to us and we have a responsibility to keep it accurate and secure. An information notice is displayed in the waiting room and on our website. Please sign this form to confirm your consent to our processing your child's personal data.

SIGNED.....DATE.....