

**Dr. Vasanth and Partner**

Dr. Sujit Vasanth and Dr. E.C. Vasanth

Atherton Health Centre, Atherton M46 0LE

# CHILD under 16

# Patient Registration Questionnaire

Please complete this questionnaire about your health. This is important as it takes some months before your medical records reach us from your previous GP.

**PLEASE COMPLETE IN BLOCK CAPITALS**

***1. About your child***

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| Surname …………………………………………… Date of Birth ………………………    Forename(s) ………………………………………….. Sex M/F ………………………  Home phone number …………………………………. Mobile number ………………………….  **Are you willing for the practice to send text messages to your mobile phone? Yes No**  **Who is your child’s next of kin?**  **Full name**:…………………………………………… **Phone number** :……………………………..  **Please note:** It is *your* responsibility to inform us of any changes in your address and phone numbers and email address. This is necessary to make sure that we are able to contact you about your care if that be necessary. Please let us know of any changes **as soon as possible.** |

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| **Please list any family members (partners, children or parents) who live with you and are registered at this practice.** |
| Name…………………………………………Date of birth ………………………………………  Name…………………………………………Date of birth ………………………………………  Name…………………………………………Date of birth ………………………………………  Name…………………………………………Date of birth ………………………………………  ***Allergies***  Is your child allergic to any drugs? If yes, what is the drug  ………………………………………………………….  What happens when they take it? ……………………………………………………...  Does your child have any other allergies? If yes, what are they allergic to ……………………………  How does it affect your child? ……………………………………………………... |

***2. Ethnic origin***

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| Please indicate your child’s ethnic origin / group by ticking one of the boxes below:  White British White Irish White Scottish White Welsh  White Other Eastern European Other European  Black African Black Caribbean Black British Black Other  American Canadian Australasian  Chinese Kurdish Iranian Iraqi Indian Pakistani Bangladeshi Do not wish to disclose  If your child’s ethnic origin / group is not included above, please state origin / group below:-  ………………………………………………………………………………………………… |

***2. Ethnic Origin***

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| **What is your child’s first language? ………………………………**  Do you need an interpreter to help you during appointments? Yes No    **Which country is your child from? …………………………………………………**  If you do not come from the UK, how long do you intend to stay in the UK?  ………………………………………..  **If you are a refugee, are you….**  an asylum seeker failed to be granted asylum  been granted leave to remain in UK Are you an overseas visitor  Please provide a copy of your child’s immunisation history, if you don’t have any record, could you please confirm in which country the child had previously had immunisation.    Did the child have all their immunisation up to now Yes No Don’t know |

***3. Your Medical History and Medical Record***

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| **Please list any medical diagnoses and/or procedures your child has had:**  **If your child takes medication, please list the name and frequency below:** |
| **The National Summary Care Record – for medical reasons**  Important parts of your medical record, like medication & allergies, can now be shared across the NHS. This can be helpful if you happen to be admitted to a hospital in another town or city. You can also opt to also share some further key information like important diagnoses and preferred language. For more information: <http://systems.hscic.gov.uk/scr>  *I am willing for my basic medical record to be shared on the Summary Care Record.………..*  *I am willing for my basic AND ADDITIONAL medical record to be shared on the Summary Care Record.……………..*  *I am NOT willing for my medical record to be shared on the Summary Care Record.…..* |
| **Signature** ………………………………………………………… **Date Signed** ……………………………………………….. |

***4. Next steps***

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| Is this your first time to register with a GP in UK? | Yes No | If yes book a 20 minute appointment to see the nurse or assistant practitioner. |
| Do you take any regular medicines or inhalers? | Yes No | If yes book a routine appointment to see a doctor and bring your medication with you. |

All other patients are invited, if they so wish, to have a routine 20 minute new patient health check with the nurse to discuss their health.

**IF YOU HAVE A CHILD UNDER THE AGE OF 16 – PLEASE COMPLETE THIS FORM – OTHERWISE LEAVE BLANK**

**Notification of newly registered child to Health Visitor / School Nurse**

**Please fill in the shaded areas**

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| --- | --- | --- | --- |
| **Childs Name** |  | **DOB** |  |
| **Address** |  | **Sex** |  |
| **Reg GP** |  | **NHS No** |  |
| **Contact No** | |  | |
| **Parent/Person with Parental Responsibility:** | |  | |
| **Relationship to Child:** | |  | |
| **School Attended:** | |  | |
| **Any Concerns / Comments:** | |  | |

# Online Services Records Access

**Patient information leaflet**

**‘It’s your choice’**

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| If you wish to, you can now use the internet 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.  Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.  You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.  The practice has the right to remove online access to services for anyone that doesn’t use them responsibly. | **Repeat prescriptions online**  **GP appointments** **online**  **View your GP records**  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 can’t 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. |
| 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. | |

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| *Things to consider* | |
|  | 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. |

## More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure <http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

If you would like to be able to view part of your medical record online – please ask for application form for that.

***Application for On-line access by proxy***

***Appointment Booking and Repeat Prescription Ordering***

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| **Patients details**  **Surname………………………………… First name …………………………………………..**  **Date of Birth……………………………. Phone number……………………………………….**  **Address …………………………………………..**    **…………………………………… Post code …………………………………………..** |
| **Person applying for access**  **Surname………………………………… First name …………………………………………..**  **Date of Birth……………………………. Phone number……………………………………….**  **Address …………………………………………..**    **…………………………………… Post code …………………………………………..**  **Relationship to patient……………………………………….**  **Email address of person who is applying for access: (Please use capital letters)**    **……………………………………………………………………………………………..**  **Why is access being requested? ……………………………………………………………….**  **…………………………………………………………………………………………………..** |
| * I have read and understood the leaflet on online access provided by the practice……… * 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 is not about me or is inaccurate, I will exit the account as soon as possible and contact the practice as soon as possible……………………   *Once registered you will be sent an activation code to allow access to online booking of appointments and ordering of repeat prescriptions.* |
| Please PRINT name of person applying on behalf of child: ……………………………………………  Signature of parent or guarding applying for child……………………………………………  Date Signed …………………………………………………………………….. |

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| Verification of person applying for proxy access | Passport Driving licence  Bank statement Vouching  Vouching with information in record |
| Verification of patient ID or Patient authorisation. | Passport Driving licence  Bank statement Vouching  Vouching with information in record  Power of attorney  Proof of parental responsibility |
| Identity verified by whom: | Initials ……………………..  Sign………………………Date……………………….  Approved by (GP or Caldicott lead)  Initials ……………………..  Sign………………………Date……………………………. |
| Date account created for appointments and medication |  |

**For Practice use only:**