

NPMC - NEW PATIENT QUESTIONNAIRE – CHILD UNDER 14 YEARS

Welcome to the Medical Centre. The information you give will help us provide better care for your child. Please hand your completed form to the receptionist. By providing your mobile telephone number, you are agreeing for us to contact you by SMS texts to confirm appointments.

Surname Master/Mr/Miss/other

Forenames Former Surname

Date of Birth Home Tel

Mobile Tel Town and country of birth

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| --- | --- |
| **Does your child live at a ‘multi occupancy’ address?** (Do any other people or families live at this address?) | **YES / NO** |

**Next of kin and parent / guardians details:**

1.Name Relationship to child

 Address Phone/s

2.Name Relationship to child

 Address Phone/s

**Other family members’ details:**

Please include all other family members staying in the same residence.

1.Name Relationship to child

 Address Phone/s

2.Name Relationship to child

 Address Phone/s

3.Name Relationship to child

 Address Phone/s

**School Details:**

School Name

School Telephone Number

School Address

**Is your child fostered or under the care of child social service or any other agencies?**

This includes any hospitals or specialists

**Carers**

Does your child need/have anyone who looks after them on a daily need as a carer? Yes No

Is your child a carer? Yes No

**Please complete if you are:**

 Deaf

Blind

Have a learning disability

Need an interpreter for consultations

**Please write below if you need any assistance from us which may benefit your child’s care:**

|  |  |
| --- | --- |
| **Does your child have any medical conditions or have they had any operations you think we should know about?**If yes, please list below | **YES / NO** |
| **Date** | **Medical Conditions and Operations** |
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| **Which pharmacy would you like to set as your child’s Nominated Pharmacy for prescriptions? ……………………………………………………………………………………………………** |
| **Repeat Medication – is your child currently on repeat medication? YES / NO**If yes, do you have a copy of your child’s repeat medication to hand in with this form? **YES / NO****What date is your child’s next prescription for repeat medication due? ………………………………………………** |
|  |
| **If you do not have a copy of your child’s repeat medication order slip, please complete below:** |
| **Drug Name** | **Strength** | **Frequency** |
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| **Significant Family History** |
| **Relationship** | **Condition** | **Age at Diagnosis** |
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**Immunisation History**

Please fill in your child’s immunisation history below.

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| **Immunisation** | **Date Given**  | **Comments** |
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| **Secondary use of patient identifiable data by NHS Digital (formerly known as Health and Social Care Information Centre - HSCIC)**NHS Digital collect information from health and social care providers across England. They process this information and use it for a variety of purposes that lead to improvements in health and social care for everyone. They may also share information with other organisations for the same reasons. If you would prefer that your child’s information is NOT shared with NHS Digital, please tick the box below.\* This will not affect the care that your child receives.If you are happy for your child’s information to be shared with NHS Digital, but you would prefer that it is not used for purposes beyond your child’s own individual care, please visit [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters) or call 0300 3035678\*Information may still be shared in the event of a public health emergency |
| I do not want my child’s GP patient identifiable data to be shared with NHS Digital  | 🞏 |

**Ethnic Origin**

The Department of Health has asked us to record the ethnic origin of all new patients. This information will be added to your medical record. If you do not wish to provide this, please tick the information refused box at the end of the list.

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| White – British |  | Asian or Asian British - Indian |  |
| White – Irish |  | Asian or Asian British - Pakistani |  |
| Other White background |  | Asian or Asian British - Bangladeshi |  |
| Mixed - White and Black Caribbean |  | Other Asian background |  |
| Mixed - White and Black African |  | Black or Black British - Caribbean |  |
| Mixed - White and Asian |  | Black or Black British - African  |  |
| Other Mixed background |  | Other Black background |  |
| Chinese |  | Other ethnic background |  |
| Information refused |  |  |  |

**Office use only**

ID seen ……………………………………………………………………………

Receptionist initials ………………………………………………………………