**49 Marine Avenue Surgery**



Whitley Bay

Tyne and Wear

NE26 1NA

Telephone 0191 252 4527

Website www.49marineavenuesurgery.nhs.uk

**New Patient Questionnaire – Child under 18**

As your child is a new patient to the Practice it would be helpful if you could give us the following information. **Please bring the child’s RED BOOK when you register your child**. All information on this form will be kept confidential.

**Personal details**

Name: DOB:

Address:

Title: Gender: Preferred pronoun:

NHS number (if known)

**Contact details**

Mobile Home phone

Email address

We are constantly working towards improving services to our patients. As part of this process we are introducing SMS text messaging or email as added choices of patient contact.

If you wish not to participate in such method of communication please inform reception.

**Family details**

Mothers name

Telephone number

Address (if different from child)

Who has parental responsibility? Mother Father Both

Someone else (please state name and relationship to child)

**Next of Kin (Emergency contact – if different from above)**

Name

Address

Contact details

Relationship to child

**Communication**

What is the child's main or first spoken language?

What is their ethnicity?

|  |  |  |
| --- | --- | --- |
|  |  | Tick |
| White | White British |  |
|  | Other White |  |
| Mixed/Multiple Ethnic groups | White and Black Caribbean |  |
|  | White and Black African |  |
|  | White and Asian |  |
|  |  |  |
| Asian/Asian British | Indian |  |
|  | Pakistani |  |
|  | Bangladeshi |  |
|  | Chinese |  |
|  | Any other Asian background |  |
| Black/African/Caribbean/Black British | Black African |  |
|  | Black Caribbean |  |
|  | Any other Black background (Black/African/Caribbean background) |  |
| Other ethnic group | Any other ethnic group including Arab |  |

Please list all the people (children and adults) that share the house with the child and their relationship to the child

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person | Adult or Child | Relationship to child | Registered at this surgery |
|  |  |  |  |
|  |  |  |  |
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**Relevant medical history**

|  |  |
| --- | --- |
| Is your child on any medication at present? |  |
| Is your child allergic to anything? If yes, what reaction did your child have and when? |  |
| Has your child had any operations or serious illness? |  |

**Family history**

|  |  |
| --- | --- |
| Has any member of your child’s close family (parents, brothers, sisters, grandparents, aunts, uncles) had any of the following illnesses? Please provide details | |
| Heart Disease (over 60 years of age) | Yes / No |
| Heart Disease (under 60 years of age) | Yes / No |
| High blood pressure | Yes / No |
| Stroke | Yes / No |
| Diabetes | Yes / No |
| Asthma | Yes / No |
| Cancer | Yes / No |
| Depression / Mental Health Illness | Yes / No |

**Immunisations**

If you don’t have your child’s red book please bring the dates of all their immunisations with you

**Other information**

Is your child home schooled?

Name of Child’s Current School

Name of Health Visitor/School Nurse

|  |
| --- |
| Has your child ever been allocated a social worker?  If yes, provide details below |
| Has your child ever been the subject of a Child Protection Plan?  If yes, provide details below |
| Has your child ever been a “Looked After” child (i.e. in Foster Care or in a Children’s Home)? If yes, provide details below |

**Detail any special need’s your child may have so the Practice can ensure they are identified and accommodated by taking the appropriate action. Please state below.**

|  |
| --- |
| Please state any sensory impairment your child has i.e. visual, hearing, sight |
| Please state any physical disabilities your child has |
| Please state any mental disabilities your child has |
| Please state any requirements your child has to be able to access the surgery |
| Please state any religious or cultural needs |

The Accessible Information Standard aims to ensure that patients (or their carers) who have a disability or sensory loss can receive, access and understand information, for example in large print, braille or via email, and professional communication support if they need it, for example from a British Sign Language interpreter.

This applies to patients and their carers who have information and / or communication needs relating to a disability, impairment or sensory loss. It also applies to parents and carers of patients who have such information and / or communication needs, where appropriate.

Individuals most likely to be affected by the Standard include people who are blind or deaf, who have some hearing and / or visual loss, people who are deaf blind and people with a learning disability. However, this list is not exhaustive.

• Do you have communication needs? Yes No

• Do you need a format other than standard print? Yes No

• Do you have any special communication requirements? Yes No

• How do you prefer to be contacted?

• What is your preferred method of communication?

• How would you like us to communicate with you?

• Can you explain what support would be helpful?

• What is the best way to send you information?

• What communication support could we provide for you?

**Summary Care Record**

The NHS are changing the way your health information is stored and managed. The NHS summary care record is an electronic record of important information about your health. It is available to health care staff providing your NHS care.

|  |  |  |
| --- | --- | --- |
| Are you happy to have a Summary Care Record? | Yes | No |

**Thank you for completing**

**Please now return to a member of staff**

**For surgery use only**

**Proof of ID seen Yes / No**

**ID seen by (staff name)**

**Information recorded on SystmOne new reg template Yes / No**

**Task sent to GP group if any safeguarding history Yes / No**