

**Welcome to Beechwood Surgery**

**1: Reception checklist: Patients 15 Years & Under**

1. **Do not accept incomplete registrations;** if incomplete return the registration documents to patient and ask to return with all required elements.

* Please check NHS number, DOB, Address (both past and present)
* Date of Entry to UK if coming from abroad
* Telephone contact numbers (mobile number preferred)
* Place of birth (TOWN not hospital)
* Has the patient/parent signed the Purple GMS1 form?

1. ID checked – if available

(Birth Certificate, Red Book and/or Red Book – 2 of the 3 needed)

1. Nominate a pharmacy (page 6)

1. Opt out of the Summary Care Record scheme - please add (page 10)

**HAVE ALL SECTIONS A – E HAVE BEEN COMPLETED?**

Form completed by (please print name)………………………………………..

**Reception Once this form has been checked please leave in the registration tray**

**Welcome to Beechwood Surgery**

**New Patient Questionnaire**

**For Children 15 & Under**

1. **PERSONAL DETAILS:**

|  |  |
| --- | --- |
| **Full name** |  |
| **Address** | **Post code:** |
| **Date of birth** | **Male or Female:** |
| **Contact number** | **Text message consent: Y N** |

1. **ETHNIC GROUP (please tick box):**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| White |  | Black or Black British |  | Asian or Asian British |  | Mixed |  | Chinese |  | Other |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Height (cm) : |  | Weight (kg): |  |

1. **Who has parental responsibility?**

|  |
| --- |
|  |

1. **ALLERGIES (please specify):**
2. **EXERCISE/ACTIVITIES (please specify):**
3. **EATING HABITS:**
4. **ILLNESSES – do they suffer from (please tick)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Diabetes (Type I) |  | Epilepsy: |  | Asthma: |  | Other: |  |
| Diabetes (Type II) |  |

Is there any relevant family history? :

1. **IMMUNISATIONS (please tick box)**

|  |  |  |  |
| --- | --- | --- | --- |
| Are the child’s immunisations up to date? | **Y** | or | **N** |

**Please provide a copy of the immunisations to ensure our records are up to date.**

1. **CURRENT/REPEAT MEDICATION – Please provide a copy of your repeat prescription from your previous GP if possible.** Please state below including dose and frequency if known:

|  |  |  |
| --- | --- | --- |
| **SIGNATURES** | | |
| I confirm that the information I have provided is true to the best of my knowledge. | | |
| **Signature** |  | Signed on behalf of patient |
| **Print name** |  | |
| **Date** |  | |

**To be completed on behalf of the child**

Your Summary Care Record is a short summary of your GP medical records. It tells other health

and care staff that care for you about the medicines you take and your allergies. This means

they can give you better care if you need health care away from your usual doctor's surgery:

• In an emergency

• When you're on holiday

• When your surgery is closed

• At out-patient clinics

• When you visit a pharmacy

You can add more information by asking your doctor. This could include:

• Health problems like dementia or diabetes

• Details of your carer

• Your treatment preferences

When you are treated away from your usual doctor's surgery, the health care staff can't

see your GP medical records. Looking at your SCR can speed up your care and make sure you

are given the right medicines and treatment.

Staff will ask your permission to look at it (except in an emergency where you are unconscious,

for example) and only staff with the right levels of security clearance can access the system, so

your information is secure.

You can ask an organisation to show you a record of who has looked at your SCR - this is called

a Subject Access Request.

Please tick if you wish to **opt out** of this programme

**Date of completing this questionnaire**  / /