Pennine Medical Centre

NEW PATIENT QUESTIONNAIRE – CHILD (up to and including 15 year olds)

Before completing this form, please note:

- **This form must be completed by the child's parent or guardian**
- **The parent/guardian must be registered with Pennine Medical Centre**

Please fill out this form in CAPITAL LETTERS

Patient Details (child)

First Name:		**Address:**	
Surname:			
Date of Birth:			
Gender:			
Home Tel No:		**Postcode:**	
Ethnic Origin:			
☐ White British	☐ Other Black	☐ Indian	☐ Do not wish to state
☐ White Irish	☐ White & Black Caribbean	☐ Pakistani	☐ Other Ethnic Group (please state)
☐ Other White	☐ White & Black African	☐ Bangladeshi	
☐ Black Caribbean	☐ Other Mixed	☐ Chinese	
☐ Black African	☐ Other Asian		

Parent/Guardian Details

Full Name:	**Date of Birth:** (to confirm registration at the practice)
Tel No:	**Mob No:**
Email Address:	**Relation to child:**
Address (if different to above):	

Language Support

First language (if not English):	Do you use any of the following:
Do you speak English: ☐ Yes ☐ No	Sign Language: ☐ Yes ☐ No
Interpreter Required: ☐ Yes ☐ No If yes, which language?:	Hearing Aid: ☐ Yes ☐ No

Additional Information

Religion:			
☐ Christian	☐ Muslim	☐ Hindu	☐ Other Religion (please state)
☐ Buddhist	☐ Jewish	☐ Sikh	
☐ No religion	☐ Do not wish to state		

Is the child a carer?: ☐ Yes ☐ No	If yes, who do they care for?:

Health Overview

Information from Self-Service Health Monitor:					
Height:	cms	Weight:	kgs	BMI:	

Has the child or a close relative ever had any of the following illnesses?:
***Please state nature of relationship**

	Child	Relative*		Child	Relative*
Asthma			Diabetes		
High BP			Stroke		
Glaucoma			High Cholesterol		
Cancer			Depression		
Other (please state):					

Do you consider the child to have any disabilities?:

☐ No ☐ Yes – (please specify)

Does the child have any allergies?:

☐ No ☐ Yes (please state)

Is the child currently taking any medication?:

☐ No ☐ Yes (please state)

NB: if the child is on repeat medication you must attach a repeat prescription slip to this questionnaire, you can request a copy from the previous GP surgery

Has the child had any operations?:

☐ No ☐ Yes (please state)

Summary Care Record

Please read the information sheet within the new patient pack for information regarding the Summary Care Records. You may also wish to get further information from this website:
https://digital.nhs.uk/services/summary-care-records-scr

If you do not complete this section of the form, the practice will assume implied consent for a 'core' Summary Care Record.

After reading the information carefully, please tick ONE of the following boxes:

☐ YES – I would like the named child on this form to have a 'core' Summary Care Record (express consent for medication, allergies and adverse reactions only)

☐ YES – I would like the named child on this form to have a 'core and additional information' Summary Care Record (express consent for medication, allergies, adverse reactions and additional information)

☐ NO – I do not wish the named child on this form to have a Summary Care Record; by choosing this option I understand that, should an emergency arise, healthcare professionals will be unable to access information regarding any medication the child is taking and any allergies or any bad reactions to medicines that the child has. I understand that I can opt back in at any time by contacting my GP practice.

Communication

Text Messaging:

If you have a mobile phone number you can choose to opt in to receiving messages regarding appointment confirmations, appointment reminders, health campaigns (eg. flu jab) regarding the child named on this form. Please tick the following if you wish to opt in to this service:

☐ Yes – I agree to Pennine Medical Centre sending relevant text messages to the mobile phone number stated on page 1

You can also download the app to receive the same messages: https://www.mjog.com/messenger/

Electronic Prescriptions (ePS)

Please read the dedicated information sheet within the new patient pack for full details. Electronic Prescriptions are mandatory at Pennine Medical Practice. Electronic Prescriptions does not mean that you have to request repeat prescriptions electronically – you can see all the ways to order a repeat prescription on the 'Additional Information' sheet in the new patient pack.

You MUST nominate a pharmacy to where all prescriptions will be electronically sent. You can change the nominated pharmacy at any time by contacting the surgery.

This nominated pharmacy for this child is:

☐ Chadwick & Hadfield, Mossley
☐ Well Greenfield, Chew Valley Road
☐ Other (please state name and address)

I confirm that. ..

1. **I have read and understood all of the above information and give or do not give my consent as indicated in each section.**
2. **I am the child's parent/guardian** (please delete as applicable)
3. **I am registered at Pennine Medical Centre.**

Print Name:	Signature:	Date:

FOR OFFICE USE ONLY

Pages 1 & 2 checked and coded: ☐	Repeat Px Slip Supplied: ☐
Initials & Date:	
GP Appt Recommended: ☐ - specify reason:	

Consents (page 3) Actioned: ☐
Initials & Date: