j0136743WELCOME TO HIGHFIELD SURGERY

To register with this practice, please complete this questionnaire as fully as possible. It can take some time for your previous medical records to reach us. The information you give in this questionnaire will help us to provide you with good medical care.

***For completion by parent/guardian for a child aged under 12 years***

***Please bring your child’s ‘Red Book’ to the surgery so their immunisation history can be recorded***

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| **PERSONAL DETAILS** | | | | | |
| Surname |  | Male  Female | | | |
| Forename(s) |  | Address |  | | |
| Date of Birth |  |  |
| NHS number |  |
| Home Tel: |  | Postcode: |  | | |
| Name of School / Nursery: | |  | | | |
| Emergency Contact Name: |  | Relationship: |  | Tel: |  |

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| --- | --- | --- | --- |
| **HEALTH DETAILS** | | | |
| Height |  | Weight |  |

|  |  |  |
| --- | --- | --- |
| **MEDICAL HISTORY** | | |
| Does your child suffer with any medical conditions? *(please specify)* | | |
|  | | |
| Does your child have any allergies? | | Yes  No |
| Allergic to: | | Type of Reaction: |
| Allergic to: | | Type of Reaction: |
| Allergic to: | | Type of Reaction |
|  |  | |

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| **REPEAT MEDICATION** | |
| Is your child on any medicines at present? | Yes  No |
| If yes, please provide a recent printout (less than two months old) of their medication to Reception and we will arrange for the items to be set up on our clinical system.  If you do not have a printout, please ask for a doctor’s appointment to discuss this. | |

New Patient Questionnaire (Child) – 2

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity –** (not nationality) | | | | | | | |
| **White** | British | Irish | | Other white | |  |  |
| **Asian** | Asian British | Bangladeshi | | Indian | | Pakistani | Other Asian |
| **Black** | Black British | African | | Caribbean | | Oher black |  |
| **Mixed** | Asian & White | Asian & Black | | Asian & Caribbean | | White African | White Caribbean |
| **Other** | Chinese | Japanese | | Middle Eastern | | Other (please state) |  |
| Country of Birth: | | |  | | | | |
| Does your child speak English? | | | Yes  No | | First Language (if not English): | |  |

|  |  |
| --- | --- |
| **Appointments** – please book the following appointments if applicable | |
| If your child has asthma | Appointment with Respiratory Nurse |
| If your child is currently under hospital care | Appointment with GP required |

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| **ELECTRONIC PRESCRIPTION SERVICE (EPS)** | |
| The Electronic Prescription Service (EPS) is an NHS service. You will not have to visit the GP practice to pick up your paper prescriptions. Instead, your GP will send it electronically to your nominated Pharmacy.  Please indicate your preference below: | |
| I would like repeat prescriptions sent electronically to: | Pharmacy  Branch |
| I would prefer to collect repeat prescriptions from the surgery | |

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| **SUMMARY CARE RECORD (SCR)** |
| Your child’s medications, allergies and adverse reactions will be uploaded to a Summary Care Record held on the NHS Spine computer system. This information may be accessed by NHS healthcare staff caring for your child who may need this information in order to treat them safely in an emergency.  For further information visit the website [**www.nhscarerecords.nhs.uk**](http://www.nhscarerecords.nhs.uk), or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020. |