MARKET HARBOROUGH & BOSWORTH PARTNERSHIP

NEW PATIENT QUESTIONNAIRE

****** FOR CHILDREN 16YEARS OF AGE AND UNDER ******

Thank you for applying to join Market Harborough & Bosworth Partnership. We would like to gather some information about your child and ask that you fill in the following questionnaire. You don't have to supply answers to all of the questions but what you do fill in will help us give the best possible care.

Please supply the child's birth certificate or a form of Identification with the completed form, a photographic form of ID (such as passport) and proof of your home address (such as a recent bank statement or document relating to your new home).

Please complete all areas in CAPITAL LETTERS and tick the appropriate boxes.

Fields marked with an asterix (*) are mandatory.

*Title	*Date of birth
*Surname	*First names
*Home telephone No. Preferred Number ☐Yes ☐No	*Home Address & Postcode
*Parent / Carer's No. Preferred Number ☐Yes ☐No	
Mobile No. Preferred Number ☐Yes ☐No	

Is the child a looked after child? ☐Yes ☐No

*Parental Responsibility – Joint ☐ Single ☐ Who?

A child who is being looked after by their local authority is known as a child in care. They might be living: with foster parents, at home with their parents under the supervision of social services or in residential children's homes.

Surgery use only – requires appropriate coding & alerts

Staff please check all the form and sign, date and state I.D seen on last page

***School that the child is registered with**:

I would describe the child's ethnic group as: please tick appropriate box.					
British or Mixed British		Irish		Other white background	
White & Black Caribbean		White & Black African		White & Asian	
Other Mixed Background		Indian or British Indian		Other Asian Background	
Caribbean		African		Other Black Background	
Chinese		Bangladeshi or British Bangladeshi		Pakistani or British Pakistani	
Other (please state)					
Ethnic Category not stated					

Child's Main Language Spoken? (E.g. English)

Name of next of kin \ Emergency contact	Relationship to patient
Next of kin \ Emergency contact telephone number(s)	Next of kin \ Emergency contact address (if different to above)

Data Sharing

Summary Care Record (SCR)
The SCR is an electronic record summary held on the central NHS database. It provides authorised care professionals with faster, secure access to essential information about you when you need care i.e. medications you are currently receiving.
More information can be found by visiting: http://systems.digital.nhs.uk/scr

Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian completes an opt out form on their behalf requesting us to consider opting them out.

If you wish to opt your child out please speak to registrations.

Risk Stratification Preferences
Risk stratification is the process of identifying the relative risk of patients in a population by analysing their medical history. It's a key enabler for improving the quality of care delivered by the NHS. Market Harborough & Bosworth Partnership is taking part in the Risk Stratification programme and will be uploading patient identifiable data for analysis. Patient identifiable information will only be viewable at GP practice level. Any NHS organisation external to the practice using risk stratification will only see anonymised data.
For more information please visit our website at www.Marketharboroughmedicalcentre.co.uk

Tick this box if you wish to opt-out the child of the Risk Stratification programme (**9nu4** ☐)

Carers Information

A carer is a friend or family member who gives their time to support a person in their home, to an extent that the person could not remain at home if this care was not being provided. A carer can receive Carers Allowance, but not a wage and the care they are giving will significantly affect their own life.

Does the child look after or support someone who couldn't manage without them? ☐Yes ☐No

If yes, do they look after someone who is a patient of Market Harborough & Bosworth Partnership ?

☐Yes ☐No ☐ Don't know

If yes, what is their name?

Are they a: ☐Relative ☐Friend ☐Neighbour

Surgery use only
Patient is a carer 918G ☐ and add details of person cared for to descriptive text box

Please detail any contact that the child has with other professionals such as health visitors and social workers.

Medical details

In order to continue to receive repeat medications you'll need to make an appointment for the child and bring in their last repeat prescription. (Please note, certain medications will require an appointment with the GP before they can be prescribed) Please allow plenty of time to organise repeats.

*Is the child allergic to any medicines? ☐ Yes ☐ No **(if yes please specify)**

*List other allergies / intolerances (i.e. nuts, gluten, pollen, animal hair or certain foods. **Please mark "none" if the child has no other allergies that you know of)**

Has the child ever had any of the following conditions?

Epilepsy	☐Yes	Year		**Mental Illness**	☐ Yes	Year
High Blood Pressure	☐Yes	Year		**Diabetes**	☐ Yes	Year
Heart Attack / Angina	☐Yes	Year		**Asthma**	☐ Yes	Year
Stroke / Mini-stroke (TIA)	☐Yes	Year		**COPD (or Emphysema)**	☐ Yes	Year
Cancer	☐Yes	Year		**Osteoporosis / Bone fractures**	☐ Yes	Year
Rheumatoid Arthritis	☐Yes	Year		**Peripheral vascular disease**	☐ Yes	Year

Does the child have any disabilities, illnesses or accessibility needs? i.e. use of a specific communication device such as a hearing aid? If yes, please tell us how we can support their needs.

The Accessible Information Standard (AIS)
Please use this space to tell us about any specific communication needs your child may have, ie, needing information in large print or deafblind telephone contact. For further information please visit https://www.england.nhs.uk/ourwork/accessibleinfo/

Does the child a have family history of any of the following?

High Blood Pressure	☐Yes	Who		**DVT / Pulmonary Embolism**	☐ Yes	Who
Ischaemic Heart Disease Diagnosed aged >60 yrs	☐Yes	Who		**Breast Cancer**	☐ Yes	Who
Ischaemic Heart Disease Diagnosed aged <60 yrs	☐Yes	Who		**Any Cancer Specify type:**	☐ Yes	Who
Raised Cholesterol	☐Yes	Who		**Thyroid disorder**	☐ Yes	Who
Stroke / CVA	☐Yes	Who		**Epilepsy**	☐ Yes	Who
Asthma	☐Yes	Who		**Osteoporosis**	☐ Yes	Who

If applicable please tell us about the child's smoking habits

Does the child smoke? ☐ Yes ☐ No If Yes, what do you primarily smoke: Cigarettes / E-Cigarettes (please circle)	Is the child an ex-smoker ☐ Yes ☐ No When did they quit? How many smoked a day?
How many does the child smoke a day? Would they like advice on quitting? ☐ Yes ☐ No	

Does your child exercise regularly? ☐ Yes ☐ No

Please record any additional information about your child that you think is important for us to know

*Signed:

*Date

*Signed on behalf of patient (*if applicable*)
(e.g. for minors under 16 years old)

Signed …….

Print name……

Relationship to patient

……..

Once registered…

If there are any problems with your child's registration we will contact you to clarify any issues.

*For Surgery use only

DATE……

STAFF SIGNATURE……

BIRTH CERT. SEEN ☐ ***Or*** ADDRESS ID SEEN ☐ TYPE

Or RED BOOK SEEN ☐

For surgery use only

ALL CODING & ALERTS FROM FORM ACTIONED ☐

DATE ……

STAFF SIGNATURE ……..

Leicestershire Partnership NHS
NHS Trust

A University Teaching Trust
Leicestershire County and Rutland
Children's Service

COMMUNITY HEALTH SERVICES – CHILDREN'S
HEALTH VISITING & SCHOOL NURSING LIAISON

New Registration for Children 0-16 Years with the Practice

Dear Parent / Carer / Guardian Date _____

Please complete the following details about you family and leave this information at reception. This information will be shared with the Health Visitor (for pre-school children) or the School Nursing Service (if school age).

Parent / s Name: _____

New Address: _____ _____ _____ Post Code: _____		Previous Address: _____ _____ _____ Post Code: _____
Telephone number home:		Telephone number work:
Previous GP/Base:		
Child 1:	DOB:	School:
Child 2:	DOB	School:
Child 3:	DOB	School
Registering with GP Name:		
Surgery Address: Market Harborough Medical Centre, 67 Coventry Road Market Harborough. LE16 9BX		

Tear off slip for parents below

Health Visitor Contact :	Cathy Weston,Kellie Vines, Kelsey Smart Tel: 0116 215 6255
School Nurse Contact :	Cathy Garood, Julie Parker, Sarah Struthers Tel: 0116 215 6265