

## New Patient Health Questionnaire (Under 16 Years)

Please note : if your child is aged 6 years and under, please send a copy of their vaccination record in order to complete registration. Please send documents to pembridge.registrations@nhs.net

Date:

**\*Personal Details of Child** (PLEASE USE CAPITALS)

<b>First Name</b>		<b>Surname/s</b>		
<b>Date of Birth</b>		<b>Sex</b>	Male	Female
<b>Address</b>				
<b>City + Postcode</b>				
<b>Country of Birth</b>		<b>First Language</b>		
<b>Hospital Born</b> (if in London)				

**Ethnic Origin** *The classification is entirely voluntary but will help us to provide a better service. The level of care you will be offered at this practice will not be affected by decision to complete this.* Please tick most appropriate:

<input type="checkbox"/> White British	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other Black
<input type="checkbox"/> White Irish	<input type="checkbox"/> Chinese	<input type="checkbox"/> Black African + White
<input type="checkbox"/> White Other	<input type="checkbox"/> Other Asian Ethnic Group	<input type="checkbox"/> Other Ethnic – Asian/White Origin
<input type="checkbox"/> Mixed Pakistani	<input type="checkbox"/> Black African	<input type="checkbox"/> Black Caribbean + White
<input type="checkbox"/> Mixed Indian	<input type="checkbox"/> Black Caribbean/West Indian/Guyana	<input type="checkbox"/> Other Ethnic Group

**Name of Previous GP/Surgery** (If applicable)

**Last previous address** (if applicable)

**Name of School** (if applicable)

**Does this child have any siblings registered at the surgery?** (If, yes, please provide their names and dates of birth)

	Yes	No
<b>Does this child have a 'Child Protection Plan?'</b>		
<b>Is this child a 'Looked after Child?'</b> (a child looked after by a local authority)		
<b>Does this child have a 'Child in Need' plan?</b>		
<b>Does this child have a social worker?</b> (If 'yes' please provide social workers details below)		

Social Worker Details:

<b>First Name</b>		<b>Surname/s</b>	
<b>Telephone</b>			
<b>Contact Address</b>			

### Medical History

**Any medical or developmental problems?**

**Please list any other serious illnesses, operations or accidents that this child has had in the past**  
(Please give dates where possible)

Please list any medication that this child is currently taking:

Does this child have any allergies? Yes [ ] No [ ] If Yes, Please list:

**Main Carer Information**

First Name		Surname/s	
Date of Birth		Relationship to Child	
Your Telephone		Your Mobile	
Email		First Language	
Registered at this surgery?	Yes	No	

**Second Main Carer/ Family Member Information** (In case we are unable to contact Main Carer)

First Name		Surname/s	
Date of Birth		Relationship to Child	
Your Telephone		Your Mobile	
Email		First Language	
Registered at this surgery?	Yes	No	

**Accommodation**

Please tick which type of accommodation the child/family is currently living in:

- Permanent
- Temporary
- Supported Housing
- Other

**All Patients**

Patient records are held on computer as well as paper. GP's are responsible for the confidentiality of these records. On occasions, we share information from the patient records with the local Health Authority, Hospitals and other NHS/Partner organisations in the interests of patient care.

I agree, as the child's guardian, to their records being held under the above terms and I certify that the information I have provided is correct to the best of my knowledge.

Name:

Signature:

Date:

***Nominated GP (To be filled in by Reception)***

**XacWQ** - Patient allocated named accountable general practitioner  
**Xab9D** - Informing patient of named accountable general practitioner

**THE PEMBRIDGE VILLAS SURGERY**

**Sharing your medical information**

**Your choices**

Health professionals are trained to keep your records secure and to manage them responsibly and in confidence. There are several models for sharing data which have all been put into place nationally and locally in different years. Please see the Data Sharing Table which shows what information is shared and links below for more information.

**Summary Care Records:** [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk) and <http://systems.hscic.gov.uk>  
**SystemOne Enhanced Sharing Data Model:** [www.westlondonccg.nhs.uk/patientrecord](http://www.westlondonccg.nhs.uk/patientrecord)

**Care Data:** [www.nhs.uk/caredata](http://www.nhs.uk/caredata)

Sharing your record benefits you because:

- You won't need to repeat your medical history
- You avoid unnecessary appointments and tests
- Your health professional has the right information at the right time.

Patients have rights to dissent from sharing their data with other organisations.

**Please tick** your options **and sign** below to confirm:

<b>Care Data:</b>	<b>I do not consent</b>	<b>I consent</b>
<b>SystemOne Enhanced Sharing Data Model:</b>	<b>I do not consent</b>	<b>I consent</b>
<b>Summary Care Record:</b>	<b>I do not consent</b>	<b>I consent</b>

**SCR additional information: If you wish to consent for additional information to be added to the SCR, coded items and the supporting free text will be added. This will include:**

- Significant medical history (past and present)
- Reason for medication
- Anticipatory care information (such as information about the management of long term conditions)
- End of life care information (from the SCCI1580 national dataset)
- Immunisations

**The National Data Opt Out:** For more information or to "Opt Out" please follow this link: [www.nhs.uk/your-nhs-data-matters/manage-your-choice/](http://www.nhs.uk/your-nhs-data-matters/manage-your-choice/)

**Signed on behalf:**

**Signature:** .....

**Your Name:** .....

**Date:** .....

**Child's Full name:** .....

**Date of Birth:** .....