

Langley House Surgery
New Patient Health Questionnaire under 16's

<u>Today's Date:</u>

Full Name		Date of Birth					
Address		Gender	Male:		Female:		
Postcode							
Mother's full name			Father's full name				
Mother's address			Father's address				
Mother's home telephone number			Father's home telephone number				
Mother's mobile number			Father's mobile number				
Your Child's Ethnic Origin: (select one)		White (UK)		White (Irish)		White (Other)	
Caribbean		African		Asian		Other Mixed Background	
Indian / Brit Indian		Pakistani / Brit Pakistani		Bangladeshi / Brit Bangladeshi		Other Asian Background	
Other Black Background		Chinese		Other		Ethnic Category not stated	
Your child's Religion:		C of E	Catholic	Other Christian (state)	Buddhist	Hindu	Muslim
		Sikh	Jewish	Jehovah's Witness	No religion	Other religion (state)	
Your child's main or 1 st language Spoken / Understood:				Your child's school:			
Your Child's Medical Background:							
Any hospital admissions or operations (please provide dates)?							
Other serious illnesses (with dates)							
Is your child undergoing any regular treatment or follow-up?							

Please list any regular medication your child takes	1	2	3
	4	5	6
Does your child have any allergies?			
Name and address of school/nursery/college			
Children aged 15 and over			
Are you currently a smoker?	Yes	No	Have you ever been a smoker?
			Yes
			No
If so, how many cigarettes do you smoke in a week?		We strongly advise smokers to stop smoking. Our nurses can help advise you on how to stop smoking effectively.	

IMMUNISATION RECORD

To enable us to register your child, we must have the dates of the following vaccinations. These may be obtained from your child's patient-held record book – please do not enter "up to date".

	1 st	2 nd	3 rd	Pre-school booster	Booster (13-18 years)
Diphtheria					
Tetanus					
Polio					
Pertussis					
Hib					
Meningitis C					
Pneumoccal					
MMR					
BCG					

Summary Care Records.

The NHS in England has introduced the Summary Care Record, which will be used in emergency care (eg if you attend A&E or call an out of hours doctor). The record will ONLY contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had, to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, the doctors treating you will have immediate access to important information about your health.

Your GP practice is supporting Summary Care records and as a patient you have a choice:

- **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.

- **No I do not want a Summary Care Record** – please tick No below and sign the form at the bottom.

Are you happy to have a Summary Care Record for your child?	Yes	No
Parent/Guardian signature	Relationship to child	

