

NEW PATIENT QUESTIONNAIRE

for children and young adults under 16 years of age

Welcome to Amersham Health Centre. It often takes several weeks for your records to reach us from your previous doctor. Answering these questions will help us during this time. The information will be handled confidentially but if you are concerned about any of the questions leave them blank. After completion the questionnaire should be returned to the receptionist.

TODAY'S DATE

HAVE YOU EVER SEEN A DOCTOR AT THIS PRACTICE IN THE PAST YES / NO

Name:		MALE / FEMALE Please circle	
Address:			
Date of Birth		Place of Birth	
Postcode			
Name and Contact Number of Parent/Guardian:			
Name (Parent/Guardian)			
Home Telephone Number			
Mobile Telephone Number			
<i>Please tick the box if you don't want to receive future text reminders</i>			
<i>Please note once a child reaches the age of 15 they must give us their own mobile number for confidentiality reasons.</i>			
Name & Address of School			
Details of Hospital Admissions and Operations and dates			
Other Illnesses			
Daily Medication			
Allergies (medicines, food, bites)			
<u>FOR CHILDREN UNDER FIVE YEARS OF AGE</u>			
If your child is under 5 years old, please provide the name and address of his/her former Health Visitor at your last doctor's surgery			

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** or by contacting your previous Health Visitor/ doctor's surgery. Unfortunately it is not enough to write "**up to date**" or **ticks** as this is not accepted by the Child Health Department.

Scheduled Immunisations

PLEASE SUPPLY DATES VACCINATIONS GIVEN	2months	3months	4months	12months to 13months	Pre- School Booster	Girls 12-13 years	Around 14years
Diphtheria, Tetanus, Pertussis, Polio, Hep B and Hib (DTaP/IPV/Hep B/Hib)							
Meningococcal B (Men B)							
Pneumococcal disease (PCV)							
Rotavirus (Rota / Rotarix)							
Hib/MenC							
Measles, Mumps & Rubella (MMR)							
Diphtheria, Tetanus, Pertussis and Polio (DTaP/IPV)							
Tetanus, Diphtheria and Polio (Td/IPV)							

Other Vaccinations

Meningococcal group C (Men C)							
Meningococcal B							
Chicken (Pox Varicella)							
Other							

AGED 14 AND OVER - SMOKING

Do you smoke now?	YES / NO or PASSIVE (somebody in the household smokes)
If YES, how many cigarettes per day?	Per day
We strongly advise all smokers to stop smoking. We run a Smoking Cessation Clinic - please ask at reception if you require more information.	

Thank you very much for your help

**The Surgery
Amersham Health Centre
Chiltern Avenue, Amersham, Bucks HP6 5AY**

CONFIDENTIALITY OF HEALTH RECORDS

(As per the Caldicott Committee Report on review of Patient Identifiable Information, published in December 1997)

We ask you for information so that you can receive proper treatment. We keep this information, together with details of your care, because it may be needed if we see you again.

Sometimes the law requires us to pass on information, for example, to notify a birth. The NHS Central Register for England & Wales contains basic personal details of all patients registered with a General Practitioner. The Register does not contain clinical information. You have a right of access to your health records.

EVERYONE WORKING FOR THE NHS HAS A LEGAL DUTY TO KEEP INFORMATION ABOUT YOU CONFIDENTIAL.

You may be receiving care from other people as well as the NHS, so that we can work together for your benefit we may need to share some information about you. We only ever use or pass information about you if people have genuine need for it in both your and everyone's interests.

Whenever we can, we shall remove details, which identify you as an individual. Anyone who receives information from us is also under legal duty to keep it confidential. We ensure that we have your written consent when passing medical information to non-medical persons, e.g. solicitor, insurance companies etc.

THE MAIN REASONS FOR WHICH YOUR INFORMATION MAY BE NEEDED ARE:

- Giving you health care and treatment.
- Looking after the health of the general public.
- Managing and planning the NHS, for example:
 - Making sure that our services can meet patient needs in the future
 - Auditing clinical records
 - Preparing statistics on NHS performance and activity
 - Investigating complaints or legal claims
- Helping staff to review the care they provide to make sure it's of the highest standard.
- Training and educating staff (but you can choose whether or not to be involved personally).
- Research approved by the local Research Ethics Committee. (If anything to do with the research would involve you personally, you will be contacted to see if you are willing to be involved first).

Please indicate below whether you are willing for your records to be reviewed by an Authorised person, as appropriate.

I am willing*/not willing* for my records to be reviewed by an Authorised person. I understand that no information will be divulged to anyone else.

Name (please use capitals):	
Date of Birth:	
Parent / Guardian's Name	
Signed:	
Date:	

(* Delete as appropriate)

AMERSHAM HEALTH CENTRE

Summary Care Record – your emergency care summary – IMPORTANT!!

The NHS in England is introducing the Summary Care Record, which will be used in emergency care. The record will 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, healthcare staff treating you will have immediate access to important information about your health.

For more information visit the website www.nhscarerecords.nhs.uk or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

If you choose not to have a Summary Care Record, you can let us know at any time if you change your mind. We are supporting Summary Care Records and as a patient you have a choice:

Yes I would like a Summary Care Record - please tick this box and a Summary Care Record will be created for you.	
No I do not want a Summary Care Record – please tick this box if you do not want a Summary Care Record.	
Your Name	
Your Signature	
Date	
<i>If you are filling out this form on behalf of a child, please give the additional details requested below:</i>	
Child's name	
Your Signature	
Your Name	
Relationship to patient	
Date	

My Care Record – your local emergency care summary	
My Care Record is similar to the Summary Care Record but the My Care Record will only be available to authorised health and social care staff locally, and they will ask your permission before they look at it.	
We are supporting Summary Care Records and as a patient you have a choice:	
Yes I would like a My Care Record - please tick this box .	
No I do not want a My Care Record – please tick this box if you do not want a My Care Record.	
Your Name	
Your Signature	
Date	

To which of these ethnic groups do you feel you belong: Please tick the box that applies to you.				
WHITE		ASIAN OR BRITISH ASIAN		MIXED
British		Indian/British Indian		White and Black Caribbean
Any other white background - please specify:		Pakistani/British Pakistani		White and Black African
BLACK OR BLACK BRITISH		Bangladeshi/ British Bangladeshi		White and Asian
Black Caribbean/ British Caribbean		Any other Asian background - please specify:		Any other mixed background - please specify
Black African/ British African		OTHER ETHNIC GROUPS		
Any other black background - please specify:		Chinese		
		Other - please specify		
I do not wish to answer		Please state your first language:		
Do you need an interpreter?		Yes / No		