

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.

SURNAME MALE / FEMALE
 FIRST NAMES
 ADDRESS

DATE OF BIRTH/...../..... PLACE OF BIRTH

NAME AND CONTACT NUMBER OF PARENT/GUARDIAN

NAME
 TEL NO MOBILE

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' as this is not accepted by the Child Health Department.

	1st	2nd	3rd	Pre-school Booster	Booster (13- 18yrs)
Diphtheria					
Tetanus					
Polio					
Pertussis					
				4th	
Hib					
Meningitis C					
Pneumococcal					
MMR					
BCG					

(BCG is given to children under five only in some areas)

NAME AND ADDRESS OF SCHOOL

.....

.....

HOSPITAL ADMISSIONS / OPERATIONS YEAR

OTHER ILLNESSES YEAR

DAILY MEDICATION

ALLERGIES (medicines, food, bites)

FOR CHILDREN UNDER FIVE YEARS OF AGE

If your child is under 5 years, would you please provide the name and address of his/her former Health Visitor (at your last doctor's surgery).

AGED 15 AND OVER

Smoking

Do you smoke now ? YES / NO / PASSIVE (somebody in the household smokes)

If YES how much per day ?

Cigarettes cigars

We strongly advise all smokers to stop smoking. We run a Smoking Cessation Clinic, please enquire at reception if you require more information.

If you have any difficulties completing this form please arrange to speak with one of the Health Visitors.

Thank you very much for your help

AMERSHAM HEALTH CENTRE

To which of these ethnic groups do you feel you belong:

Please tick the box that applies to you.

WHITE	<input type="checkbox"/>	ASIAN OR BRITISH ASIAN	<input type="checkbox"/>	MIXED	<input type="checkbox"/>
British	<input type="checkbox"/>	Indian/British Indian	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Any other white background - please specify:	<input type="checkbox"/>	Pakistani/British Pakistani	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
		Bangladeshi / British Bangladeshi		White and Asian	
		Any other Asian background - please specify:		Any other mixed background - please specify:	
BLACK OR BLACK BRITISH	<input type="checkbox"/>	OTHER ETHNIC GROUP	<input type="checkbox"/>		
Black Caribbean / British Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>		
Black African / British African	<input type="checkbox"/>	Other - please specify:	<input type="checkbox"/>		
Any other black background - please specify	<input type="checkbox"/>				
I DO NOT WISH TO ANSWER					
Please state your first language:					

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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: _____

Signed: _____

Date: _____

(* Delete as appropriate)