



NEW PATIENT INFORMATION AND QUESTIONNAIRE — CHILD (0-15)

1. Information for new children registering at the practice

We are able to accept registration documents between 9am and 4pm Monday to Friday

EACH PERSON registering must provide their **NHS number** to. You can find it on your NHS App (or other Online Services). Alternatively you can phone your previous surgery, or for new babies you can find it in your Red Book

For **EACH CHILD** (0-15 years) registering, we will need to see:

One form of **proof of name**, such as

- ⇒ Passport
- ⇒ Birth Certificate

Repeat Medication

If you are taking regular medication, please bring in a copy of your repeat medications or your medication boxes to the Surgery. Our Pharmacy Technician will check over your medication and put it on the system ready for your order.

2. New Patient Questionnaire — Children aged 0—15 years

Name		Date of Birth	__/__/____
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Before filling in this questionnaire, please complete the **GMS1 Registration form**. If you do not have one, it can be downloaded from our website

www.hedmed.co.uk/patient-info/register

Contact Details

Mobile phone number			
Name of phone owner			
Do you consent to us leaving a voicemail on your mobile?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you consent to receiving text messages from us?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Home phone number			
Do you consent to us leaving a voicemail on your home phone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Email address			
Do you consent to receiving emails from us	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

First next of kin — Must live at same address as patient

Name	
Relationship	
If the young person does not live with a parent, please detail who has parental responsibility and, if appropriate, any access/custody agreements in place. This will assist the Practice to offer continuity of care	
Contact number (if different to above)	

Second next of kin

Name	
Relationship	
Contact number (if different to above)	
Address (if different to patient)	

Are there any other significant carers involved in the upbringing and wellbeing of the young person (eg step parent, foster carer)? If yes please give details

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Are any other services known or involved with the young person or family? (eg CAMHS, Social Services)? If yes please give details

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Does the young person have disabilities or additional needs the Practice should be aware of in order to ensure best care is given? If yes please give details

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Education

Name of School/Nursery	
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Communication			
What is your main language?		English <input type="checkbox"/>	Other <input type="checkbox"/>
If main language is not English, or is non-spoken, please specify			
Other spoken language		Other non-spoken language	
Do you require an interpreter?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you require a hearing loop?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you require large print text?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other communication needs?			

Carer Status			
Are you a carer	Yes — informal <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have a carer	Yes — informal <input type="checkbox"/>	Yes — occupational <input type="checkbox"/>	No <input type="checkbox"/>
Is your carer registered at Hedingham Medical Centre?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Carer name		Carer contact number	
Does your carer consent to their information being stored?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Alcohol Consumption	
Do you consume alcohol?	
If yes, how many units per week	

Smoking Status			
I have never smoked	<input type="checkbox"/>	I am a current smoker	<input type="checkbox"/>
I am an ex-smoker	<input type="checkbox"/>	and I gave up in the year	
I have never used e-cigarettes/vaped	<input type="checkbox"/>	I am a current user of e-cigarettes	<input type="checkbox"/>
I am an ex-user of e-cigarettes	<input type="checkbox"/>	and I gave up in the year	
There are smokers in the household	<input type="checkbox"/>	There are no smokers in the household	<input type="checkbox"/>

Height and weight			
Please obtain accurate, up to date readings for this information.			
Height	<input type="text"/> cm	or	<input type="text"/> ft and <input type="text"/> inches
Weight	<input type="text"/> kg	or	<input type="text"/> stone and <input type="text"/> pounds
Waist Circumference	<input type="text"/> cm	or	<input type="text"/> ft and <input type="text"/> inches

Summary Care Record – your emergency care summary

The NHS Summary Care Record is used in emergency care as a link to your GP medical records. To ensure those caring for you have enough information to treat you safely, the record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had.

Your Summary Care Record is 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.

As a patient you have a choice:

- ⇒ **Yes I would like a Summary Care Record**
You can choose either the core dataset, or an enhanced one which may contain additional information
- ⇒ **No I do not want a Summary Care Record**

If you do nothing we will assume that you are happy with this and create a Summary Care Record for you.

You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

Additional copies of the opt out form can be collected from the GP practice, or printed from the website www.digital.nhs.uk/services/summary-care-records-scr

Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

You can find out more by visiting these websites

- ⇒ www.mse.nhs.uk/access-to-health-records
- ⇒ www.digital.nhs.uk/services/summary-care-records-scr

If you would like more information but cannot access the internet, please call reception on 01371 810328

Please only tick one option.

YES - I would like an SCR for medication, allergies and adverse reactions only

YES - I would like an SCR for medication, allergies, adverse reactions and additional information

NO - I would not like a Summary Care Record

Sexuality and Gender Monitoring	
This section is optional and may not be appropriate for younger patients, but can help us provide the most relevant care	
How would you describe your sexuality	
How would you describe your gender?	
Is your gender the same as you were assigned at birth?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, we may contact you to discuss which screening services are appropriate to offer you	
Please tick here if you are NOT comfortable with us contacting you about screening <input type="checkbox"/>	
What are your pronouns?	He/Him/His She/Her/Hers _____/_____/_____

Firearms Licence	
Does a member of your household have a firearm licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What date was the licence issued?	

Consent to Share Information (13+)	
For children under 13 we will share information with parents/carers with parental responsibility. For young people aged 13 and over, we need to have the young person's consent to discuss their medical records before information is disclosed. Young people can retract this consent at any time.	
The following section is to be completed by young people aged 13 and over if they consent to sharing their medical record with someone	
I consent for the surgery to share the following information:	
<input type="checkbox"/>	My full record and all aspects of my care
<input type="checkbox"/>	Other information only (please specify)

With the named person(s) below:			
Name		Relationship to patient	
Address		Phone	
Name		Relationship to patient	
Address		Phone	

These instructions are valid from:

Start date

End date

If no end date is specified, the Surgery will accept this instruction until the patients 16th birthday, or until the consent is removed, whichever is sooner

Signature of patient for consent to share records

Print name

Signature

Online Access

From 2nd February 2023, patients over the age of 13 will be able to see aspects of their medical records online via the NHS app or Airmid app. You can access your account with your NHS login. If you do not have an NHS login you can create one in the app or via this website www.nhsapp.service.nhs.uk/login

If you cannot meet the ID requirements for an NHS login, but would still like online access, talk to our team about manually activating your online services

Some restrictions still exist about what patients can see.

If you have parental responsibility and would like to be able to see your child's records online, please ask a member of our team for a **Proxy access request form**

Practice Privacy Policy

By completing this form you consent to certain communication pathways and supplying the practice with other information that could improve your care. All information is stored in line with our GDPR policy. Please see our practice privacy notice for patients on page 8 of this document. This information is also available in-house and on our website

Signature of patient — optional

Print name

Signature

Signature of parent/carer/guardian — mandatory

Print name

Signature

4. Privacy Notice for Children – (Updated March 2023)

How we use your medical records

- When we look at your medical records, we follow the laws on data protection
- Sometimes we share information about you with other people who help care for you
- Sometimes we share information about you with other people who are doing research like finding out why people get ill
- If you want to see a copy of your medical records you can
- You can object to your medical records being shared with those who help care for you.
- You can object to your medical records being used for research and other services
- If you think your medical records are wrong, you can ask for them to be corrected and you can complain to the Information Commissioner's office.
- If you would like more information about how we use your information, you can talk to our staff, visit our website **www.hedmed.co.uk**
- or read our full privacy notice