Chil

**BALSALL COMMON AND MERIDEN GROUP PRACTICE**

**CHILD - NEW PATIENT QUESTIONNAIRE**

Dear Parent/Guardian,

Thank you for completing this questionnaire. The information you give will enable us to complete your child’s medical records. All information given will be treated as confidential. If you have any difficulties completing the form please ask at reception.

TODAY’S DATE………………………………………………

TITLE (MASTER or MISS) …………………………….

SURNAME……………………………………………………………………………….

FORENAMES…………………………………………………………………………..

DATE OF BIRTH………………………………………………………………………

ADDRESS……………………………………………………………………………….

……………………………………………………………………………………………….

……………………………………………………………………………………………….

POST CODE…………………………………………………………………………….

HOME TELEPHONE NUMBER………………………………………………….

MOBILE NUMBER……………………………………………………………………

DAY TIME NUMBER…………………………………………………………………

(please state, eg. Work or relative etc.)

NEXT OF KIN (FULL NAME)…………………………………………………….

RELATIONSHIP………………………………………………………………………

ADDRESS……………………………………………………………………………….

……………………………………………………………………………………………….

……………………………………………………………………………………………….

POST CODE…………………………………………………………………………….

CONTACT TELEPHONE NO…………………………………………………….

Please state any past or present health problems, illnesses or operations with dates.

**Operation/Illness Date/Age**

**Medicines**

**Please note - If you child is on regular medication please make an appointment with a doctor before his/her next prescription is due, and bring with you your current medication repeat slips or boxes / bottles of your medications If he/she uses an asthma inhaler please make an appointment with the asthma nurse**

Does your child take regular medication? Please specify with doses.

|  |  |  |
| --- | --- | --- |
| **Medicine/drug** | **Dose & when taken** | **R** |
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**Allergies**

We especially need to know of any *drug allergies* and the effect they have on you, please include non-drug allergies if they have a significant effect on your health.

**Access to patient records**

From time to time it is possible that your childs records may be accessed by, for example, members of Solihull CCG or members of staff working for Solihull CCG. These members of staff (who will all have signed a duty of confidentiality) are required to review the quality and consistency of patient records; for the management of healthcare services in the NHS.

Wherever it is practicable patient information will be anonymised and/or aggregated. If this is not possible and patient identifiable information is disclosed a note of this will be made in your records.

If you have any questions or comments about the confidentiality of patient records, or if you would prefer that your records are not accessed for these purposes, please contact the Practice Manager, Mrs. Joanne Hope.

Reference: Department of Health Code of Practice, “Confidentiality and Disclosure of Information: General Medical Services (GMS) Personal Medical Services (PMS), and Alternative Medical Services (APMS) Code of Practice March 2005”

A copy of this document can be obtained from the Practice Manager, Mrs. Joanne Hope.

**PATIENT ETHNIC ORIGIN QUESTIONNAIRE**

We have been asked by the NHS to collate ethnic origin details of new patients registering at the practice.

This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act.

**Please tick ONE box which indicates your ethnic origin.**

It is not compulsory to complete this form, although knowledge of your origins may help in early diagnosis of some conditions more common in specific communities.

Name…………………………………………………………………… Date of Birth…………………………

**White**

[ ] British

[ ] Irish

[ ] Any other background please specify below

……………………………………………………………………..

**Mixed**

[ ] White and Black Caribbean

[ ] White and Black African

[ ] White and Asian

[ ] Any other background please specify below

……………………………………………………………………..

**Asian**

[ ] Indian

[ ] Pakistani

[ ] Bangladeshi

[ ] Any other background please specify below

……………………………………………………………………..

**Black or Black British**

[ ] Caribbean

[ ] African

[ ] Any other background please specify below

……………………………………………………………………..

**Chinese or other ethnic group**

[ ] Chinese

[ ] Any other ethnic group background please specify below

…………………………………………………………………………………………….