

Mid Devon Medical Practice - New Patient Health Questionnaire - Child

This is a private form and all information will be treated confidentially

Please note: It is your responsibility to advise the Surgery of any changes to your contact details

Title:	Surname:	Forename:
Address:		
Date of Birth: / /	NHS No (if known)	Home telephone No:
Email:	Mobile No:	Consent to leave voice messages on home / mobile tel? Y <input type="checkbox"/> N <input type="checkbox"/>

By giving us your mobile telephone number/email address you are consenting for us to be able to contact you via text message/email.

Parent/Guardian's Name:			
Address (if different from above):			
Parent/Guardian's Tel Nos.	Home:	Work:	Mobile:

Does your child suffer from any major health problems? If yes please state below:

Please give details of any medications you give your child (prescribed or otherwise):

Is your child awaiting hospital treatment? If so please give details of the hospital and treatment below:

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Does your child have any family members who have, or have had a serious illness? YES/NO

If yes, please tick as appropriate and state age when the condition started.

	Father	Age	Mother	Age	Brother	Age	Sister	Age
Diabetes								
High Blood pressure								
Heart attack								
Stroke								
Asthma								
Cancer								

Is your child allergic to any substances or food? YES/NO If Yes, please give details below:

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How would you describe your child's Ethnic Origin (please circle one)

[White British] [White, other] [Indian] [Pakistani] [Chinese] [Bangladeshi] [Other] [Asian ethnic group] [Black Caribbean] [Black African] [Black other non-mixed origin] [Black other mixed origin] [Other black ethnic] [Other ethnic non-mixed] [other ethnic mixed origin] Other..... Do not wish to answer
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Does your child require correspondence in an alternative format? YES/NO If Yes, please give details below:

Large print	Braille	Audio tape	Other (please specify):
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Summary Care Record contains details of a small but important part of your GP medical records - medications, allergies and adverse reactions. They are accessible to authorised health care staff in A&E Departments throughout England. You should always be asked your permission before anybody looks at your Summary Care Record.

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Pages/servicedescription.aspx>

Do you want your child to have a Summary Care Record?	Yes	No
Do you want your child to have a Local Sharec Care Record?	Yes	No

Signed

Today's Date.....

Please return this form together with your child's completed GMS1 REGISTRATION FORM

Children under 5 years old will need to provide a copy of BIRTH CERTIFICATE and RED BOOK when registering