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RH10 6TE

**NEW PATIENT HEALTH QUESTIONNAIRE (CHILD AGE 0-16)**

TITLE – Mr / Master / Miss / ..... SURNAME.....

FIRST NAME(S).....

DATE OF BIRTH (dd/mm/yyyy)..... MALE / FEMALE

TELEPHONE NUMBER (Home)..... (Mobile).....

EMAIL ADDRESS.....

- Please tick if you **DO NOT** wish to be contacted by EMAIL
- Please tick if you **DO NOT** wish to be contacted by SMS TEXT MESSAGE - we will text to remind you of an appointment, or if we need you to contact the surgery for any reason.  
(we do not share this information with any other organisation)

**NEXT OF KIN** – Name.....

Address.....

Phone no..... Relationship to the patient.....

**Mother's full name**..... DOB (dd/mm/yyyy).....

**PLAYGROUP / PRE-SCHOOL / SCHOOL ATTENDED**.....

**PLEASE ADVISE WHICH ONE OF THE FOLLOWING CHEMISTS YOU WOULD LIKE YOUR PRESCRIPTIONS TO BE SENT: (Please tick the appropriate box)**

\*\*\*\* If no chemist is selected, prescriptions will default to 'Williams Southgate (next door to the surgery)' \*\*\*\*

- |  |                                      |   |   |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> Boots County Mall | <input type="checkbox"/> Asda        | <input type="checkbox"/> Kamsons Southgate              | <input type="checkbox"/> Kamsons Broadfield     |
| <input type="checkbox"/> Lloyds Tilgate    | <input type="checkbox"/> Sainsbury's | <input type="checkbox"/> Williams Southgate (Next door) | <input type="checkbox"/> Williams Furnace Green |

**CURRENT MEDICATION**

(Does the child take any medication that is obtained on prescription from their Doctor?)

.....  
.....

PLEASE STATE ANY **MEDICAL HISTORY** I.E. ILLNESSES, OPERATIONS WITH DATES IF POSSIBLE THAT YOU FEEL THE PRACTICE SHOULD BE AWARE OF:

.....  
.....  
.....

DOES THE CHILD HAVE ANY ALLERGIES TO ANY MEDICATION OR OTHER? .....

.....

DOES A FAMILY MEMBER SUFFER FROM ANY OF THE FOLLOWING?

- Asthma Specify family member(s).....
- Diabetes Specify family member(s).....
- Heart Disease (Under 60 years old) Specify family member(s).....
- Heart disease (Over 60 years old) Specify family member(s).....
- Stroke Specify family member(s).....

IF ANY IMMEDIATE FAMILY MEMBER HAS DIED, PLEASE SPECIFY, AGE AND CAUSE OF DEATH

.....

.....

**Due to government policy, we are obliged to ask you the following:**

PLEASE STATE YOUR FIRST SPOKEN LANGUAGE.....

English language spoken? YES / NO

WHAT IS YOUR ETHNIC GROUP? (Please only choose ONE and tick the appropriate box)

- |  |                                      |                                     |
|--|--------------------------------------|-------------------------------------|
| WHITE  | BLACK OR BLACK BRITISH               | EASTERN ASIAN                       |
| <input type="checkbox"/> British                 | <input type="checkbox"/> Caribbean   | <input type="checkbox"/> Chinese    |
| <input type="checkbox"/> European                | <input type="checkbox"/> African     | <input type="checkbox"/> Vietnamese |
| MIXED  | ASIAN OR ASIAN BRITISH               | MIDDLE EASTERN                      |
| <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Indian      | <input type="checkbox"/> Arabic     |
| <input type="checkbox"/> White & Black African   | <input type="checkbox"/> Pakistani   | <input type="checkbox"/> Iranian    |
| <input type="checkbox"/> White & Asian           | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Turkish    |

ANY OTHER GROUP NOT STATED ABOVE.....

I DO NOT WISH TO STATE MY ETHNIC GROUP

**(eDSM) SHARING OF YOUR MEDICAL RECORDS BETWEEN HEALTH PROFESSIONALS.**

In order to provide the best and safest health care it is possible to allow clinicians caring for you to view medical information recorded by other healthcare services. For example it may be useful for your GP to be able to read information recorded by a district nurse to monitor your care and make a more informed decision when planning how best to treat you.

**Can I refuse to share?** Yes, you have the right to choose which services can share information or view shared information and you can change your mind at any time. PLEASE TICK TO REFUSE TO SHARE

**If I agree to share, who can view my information?** Only health professionals who are currently involved in your health care and you have given consent to view can see information in the shared record. PLEASE TICK TO AGREE TO SHARE

**Can I hide specific entries on my record while sharing the rest of my information?** Yes. If there is some information you do not wish to be shared, ask your health professional not to share that information.

**(SCR) SUMMARY CARE RECORD – your emergency care summary**

Your Summary Care Record will be available to authorized 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.

As a patient you have a choice, please tick one of the following:-

- Yes I would like a summary care record** – you do not need to do anything and a Summary Care Record will be created for you
- No, I do not want a Summary Care Record** – please ask at reception for an opt-out form, complete the form and hand it back to a receptionist

**Please ask at reception for more information regarding Record Sharing or Summary Care Records.**

Your childhood Immunisations and Vaccinations history (please give dates where possible)

<b>Immunisation</b>	<b>Age it is usually given</b>	<b>Was it given? Y/N</b>	<b>Date</b>	<b>Location</b>
1 <sup>st</sup> Diphtheria, tetanus, pertussis, polio and HIB	2 months old			GP/Elsewhere/Out of Country
1 <sup>st</sup> Pneumococcal	2 months old			GP/Elsewhere/Out of Country
1 <sup>st</sup> Meningitis C	3 months old			GP/Elsewhere/Out of Country
2 <sup>nd</sup> Diphtheria, tetanus, pertussis, polio and HIB	3 months old			GP/Elsewhere/Out of Country
2 <sup>nd</sup> Pneumococcal	4 months old			GP/Elsewhere/Out of Country
2 <sup>nd</sup> Meningitis C	4 months old			GP/Elsewhere/Out of Country
3 <sup>rd</sup> Diphtheria, tetanus, pertussis, polio and HIB	4 months old			GP/Elsewhere/Out of Country
HIB/Meningitis C booster	1 year old			GP/Elsewhere/Out of Country
1 <sup>st</sup> MMR	13 months old			GP/Elsewhere/Out of Country
3 <sup>rd</sup> Pneumococcal	13 months old			GP/Elsewhere/Out of Country
2 <sup>nd</sup> MMR	3 years 4 months – 5 years old			GP/Elsewhere/Out of Country
Preschool Dip, Tetanus, Pertussis and Polio booster	3 years 4 months – 5 years old			GP/Elsewhere/Out of Country
School Leavers Dip, Tetanus and Polio Booster	13 – 18 years old			GP/Elsewhere/Out of Country
1 <sup>st</sup> HPV vaccine	12 – 13 years old for female patients			GP/Elsewhere/Out of Country
2 <sup>nd</sup> HPV vaccine	1 month after the first vaccine			GP/Elsewhere/Out of Country
3 <sup>rd</sup> HPV vaccine	6 months after the first vaccine			GP/Elsewhere/Out of Country