THE OLD COURTHOUSE SURGERY

**27 WOOD STREET, BARNET, EN5 4BB**

|  |  |
| --- | --- |
| **Date Form Completed:** |  |

**In order to be fully registered with this practice, this form**

**MUST be FULLY completed by the parent/guardian. Return forms via the ‘SEND US YOUR DOCUMENTS’ section on our website**

|  |
| --- |
| **NEW PATIENT HEALTH QUESTIONNAIRE (FOR CHILDREN 17Y & UNDER)** |
| **TITLE:** |  | **FIRST NAME:** |  |
| **SURNAME:** |  |
| **DATE OF BIRTH:** |  | **GENDER:** | **M** **[ ]  F** **[ ]** (please tick) |
| **ADDRESS (incl flat no):** | **PARENTS/GUARDIANS/****CARERS NAMES + CONTACT DETAILS**  | **i.e A. Patient – Mum – 02084492388****B. Patient – Dad**  |
|  |
| **HOME TEL:** |  | **MOBILE TEL:** |  |
| **DOES THE CHILD HAVE SHARED ACCESS WITH ANY OTHER PARENT/ CARERS (Names & Relationship to Child)** | **NAME + RELATIONSHIP** |  |
| **CAN WE LEAVE MESSAGES REGARDING YOUR CHILD ON THESE NUMBERS?** | **HOME:** | **YES [ ]  NO [ ]** (please tick) |
| **MOBILE:** | **YES [ ]  NO [ ]** (please tick) |
| **SIBLINGS AT THIS ADDRESS (Names & DOB’S)** |  | **Are there any other adults, that are not listed above living at the child’s home address? Yes/No + relationships/names** |  |
| **PREVIOUS ADDRESS:** | **PREVIOUS GP NAME & ADDRESS:** |
|  |  |
| **DOES YOUR CHILD HAVE CONTACT WITH ANY OF THE FOLLOWING?** |  |
| **A hospital specialist?****A health visitor?****A social worker?****Any other health professionals?** | **YES [ ]  NO [ ]** (please tick)**YES [ ]  NO [ ]** (please tick)**YES [ ]  NO [ ]** (please tick)**YES [ ]  NO [ ]** (please tick) |
| **For female patients only:****Has your child ever had female circumcision or have been cut in the genital area?** | **YES [ ]  NO [ ]** (please tick) |

Please note **without immunisation history we are unable to fully register children**. A current photocopy of the immunisation history is the preferred option; we can take a photocopy of this at reception. If this is not available then please list below.

|  |  |
| --- | --- |
| **IMMUNISATIONS**  | **DATE GIVEN** |
| 1st Diphtheria, Tetanus, Pertussis (Whooping Cough) / Polio / Hib |  |
| 2nd Diphtheria, Tetanus, Pertussis (Whooping Cough) / Polio / Hib |  |
| 3rd Diphtheria, Tetanus, Pertussis (Whooping Cough) / Polio / Hib |  |
| 1st Rotavirus |  |
| 2nd Rotavirus |  |
| 1st Meningitis B |  |
| 2nd Meningitis B |  |
| 3rd Meningitis B |  |
| 1st Meningitis C |  |
| 2nd Meningitis C (if applicable) |  |
| 3rd Meningitis C (if applicable) |  |
| 1st Pneumococcal conjugate |  |
| 2nd Pneumococcal conjugate |  |
| 3rd Pneumococcal conjugate |  |
| Other Pneumococcal (if applicable) |  |
| Hib / Meningitis C |  |
| 1st Measles, Mumps, Rubella (MMR) |  |
| Booster Diphtheria, Tetanus, Pertussis (Whooping Cough) / Polio / Hib |  |
| Booster Measles, Mumps, Rubella (MMR) |  |
| BCG |  |
| Details of any other immunisations: |  |

|  |
| --- |
| MEDICATION |
| **IS YOUR CHILD ON ANY REGULAR MEDICATION?**  | **YES** [ ]  **NO** [ ]  (please tick) |
| If Yes, please state name and dose:(Please note they will be required to see the doctor for a first repeat prescription to be issued) |
| **IS YOUR CHILD ALLERGIC TO ANY MEDICATION?**  | **YES** [ ]  **NO** [ ]  (please tick) |
| **If Yes, please state type and name:** |

|  |
| --- |
| MEDICAL HISTORY |
| **HAS YOUR CHILD HAD/STILL HAVE ANY OF THE FOLLOWING** (please tick) **:** |
| **High Blood Pressure**(Please add approximate date of diagnosis if known) | **YES** [ ]  **NO** [ ]   | **Diabetes**(Please add approximate date of diagnosis if known) | **YES** [ ]  **NO** [ ]   |
| **Heart Disease**(Please add approximate date of diagnosis if known) | **YES** [ ]  **NO** [ ]   | **Angina**(Please add approximate date of diagnosis if known) | **YES** [ ]  **NO** [ ]   |
| **Epilepsy**(Please add approximate date of diagnosis if known) | **YES** [ ]  **NO** [ ]   | **Stroke**(Please add approximate date of diagnosis if known) | **YES** [ ]  **NO** [ ]   |
| **Asthma** (Please add approximate date of diagnosis if known) | YES [ ]  NO [ ]   | **Cancer**(Please add approximate date of diagnosis if known) | **YES** [ ]  **NO** [ ]   |
| **If Asthmatic**, have they used their inhaler in past 12 months? | **YES** [ ]  **NO** [ ]   |
| **Please give details of any other illnesses, accidents, hospital admissions, investigations or operations your child has had :** |
|  | **Date:** |
|  | **Date:** |
|  | **Date:** |
|  | **Date:** |

|  |
| --- |
| **FAMILY HISTORY** |
| **Has a first degree relative of your child (parent or sibling) suffered from any of the following conditions?** (please tick) |
| **Cancer** | **YES** [ ]  **NO** [ ]   | **Who?** |  | **At what age?** |  |
| **Stroke** | **YES** [ ]  **NO** [ ]   | **Who?** |  | **At what age?** |  |
| **Heart Disease** | **YES** [ ]  **NO** [ ]   | **Who?** |  | **At what age?** |  |
| **Diabetes** | **YES** [ ]  **NO** [ ]   | **Who?** |  | **At what age?** |  |
| **Do any other illnesses run in your family? YES** [ ]  **NO** [ ]  **If Yes, Please give details:** |

**ETHNICITY & LANGUAGE QUESTIONNAIRE**

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity, to support your health care.

|  |
| --- |
| **WHAT IS YOUR ETHNIC GROUP?**Choose **ONE** section from A to F then tick **ONE** box which **best describes** your ethnic group or background |
| **A. White** |  | **B. Mixed or multiple ethnic groups** |
| Scottish |  |  | Any mixed or multiple ethnic group |  |
| British |  |  |  |  |
| Irish |  |  | **D. African** |
| **Any other white ethnic group, please specify below:** |  | African or African British |  |
|  |  | **Other African, please specify:** |
|  |  |  |  |
| **C. Asian, Asian Scottish, or Asian British** |  |  |
| Pakistani or Pakistani British |  |  | **E. Caribbean or Black** |
| Indian or Indian British |  | Caribbean or Caribbean British |  |
| Bangladeshi or Bangladeshi British |  | Black or Black British |  |
| Chinese or Chinese British |  | **Other Caribbean or Black, please specify:** |
| **Other Asian, please specify:** |  |  |
|  |  |  |  |
|  |  |  | **F. Other ethnic group** |
|  |  |  | Arab |  |
|  |  |  | **Other, please specify:** |
|  |  |  |
|  |  |  |  |
| If you would prefer not to provide this information, please tick here: |  |
| If you don't know your ethnicity, please tick here: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** |  | **DOB** |  |
|  |
| What is your main language? |  |
|  |
| Do you need an interpreter or sign language support? | **Yes** | [ ]  | **No** | [ ]  |

**Are you or have you ever been an asylum seeker or refugee? Yes No**

**Information for Patients**

People registered with this practice and others in Scotland are being asked to give their ethnic group. Your ethnic group is the group you identify with because of your language, culture, family background or country of birth. It is not necessarily the same as your nationality. For example you may see yourself as White Scottish, Polish or Pakistani. Your ethnic group is important for your care as it may influence your risk of disease. Knowing your ethnic group may also help us to provide services that meet your individual needs and to check that our services treat people from all backgrounds fairly and equally. For children, information about ethnic group can be provided by their parents or guardians.

People are also being asked to say whether they need an interpreter when talking with NHS staff, including the need for sign language support.

**Why am I being asked these questions?**

Practices across Scotland which are participating in this exercise are asking all their patients to give their ethnic group and if they need interpreter support when talking with NHS staff.

**What do you mean by ethnic group?**

An ethnic group is the group we identify with as a result of our culture, family background, the language we speak and the food we eat. For example most people in Scotland would identify themselves as White Scottish, while others might identify themselves as Indian. Ethnic group is different from nationality - for example people of many different ethnic groups have British nationality.

**What has my ethnic group got to do with my health care?**

Diseases like diabetes, heart disease and cancer are more common in some ethnic groups than others. We want to make sure that NHS services treat people equally whatever their ethnic group, gender, age, religion, disability or medical background.

**Isn’t it obvious what my ethnic group is?**

No it isn’t. Only an individual can say which ethnic group they identify with. It is important not to make assumptions about people without asking.

**Why do I need to answer a question about needing an interpreter?**

We know that most of our patients can speak English, but some people may find it difficult to explain their health problems in English. By collecting information on patients’ needs for an interpreter, the NHS will be able to better plan their provision of interpreter services.

**Who will have access to this information?**

Only staff in the practice will have access to information that identifies you personally. Sometimes it would be helpful to share this information with other NHS staff to ensure that your health care needs are met. This might happen for example if you are being referred to hospital. We sometimes prepare statistical reports for the NHS to help plan services and to check that the NHS is treating people from different backgrounds fairly. These reports will never identify you individually.