



## The Leiston Surgery New Patient Questionnaire – Under 16's

Welcome to Leiston Surgery. Please spare a few minutes to complete this questionnaire and return it to Reception as soon as possible. Your answers will help us ensure that your child/baby receives appropriate medical care.

### Patient Details

<b>Full Name</b>		<b>Date of Birth</b>	DD/MM/YYYY
<b>Address</b>			
		<b>Postcode</b>	

Is a school attended? Yes  No  If yes, where? \_\_\_\_\_

Do you have a named Health Visitor? Yes  No  If yes, who \_\_\_\_\_

### Parent/Guardians Contact Details

<b>Home No.</b>		<b>Mobile No.</b>	
<b>Work No.</b>		<b>Email</b>	

Please tick below to indicate your preferred method(s) of contact:

Mobile

Landline

Email

### Next of Kin

<b>Name</b>		<b>Relationship</b>	
<b>Contact No.</b>		<i>Please note this person will be recorded as your emergency contact unless you advise otherwise.</i>	

### Medical History

Please state below if this child has any medical conditions, allergies, or have had any illnesses or operations	

### Ethnicity & First Spoken Language

It is a Government priority that practices record the first language and ethnicity of their patients. Please indicate the ethnicity of your child/baby and the first language that they speak (or will speak) below:

White British  Black or Black British  Asian or Asian British  Chinese

Other Ethnic Group  (Please State) \_\_\_\_\_

First Spoken Language: \_\_\_\_\_ Interpreter Needed? Yes  No

Office  
use  
Only

**Hepatitis B Status of the Child/Baby's Mother (For children under the age of 1 only)**

Please confirm the Hepatitis B status of the child's Mother: Positive  Negative

**Smoking Status for 14-16 Year Olds**

Please ask at reception about smoking cessation advice; please indicate the smoking status of the child below.

Do you currently smoke? Yes  No

How many do/did you smoke per day?	
How long have/did you smoke for?	

**Care Needs**

Do you consider your child/dependant to have any information or communication needs?

Yes  No

If yes, please give details below of their need(s) and outline the best way we can help them.

**Summary Care Record**

Throughout England, NHS organisations use something called the Summary Care Record (SCR) in emergency care. The SCR contains information about medications you are taking, allergies and reactions to medications to ensure those caring for you having enough information to treat you safely.

A Summary Care Record is automatically created for children under the age of 15 years and 9 months, as their consent is not required. If a child's parents or guardians do not want the child to have an SCR, they must discuss it with the child's GP, but ultimately it is the GP's decision, because of their duty of care to the child.

**Cross Organisational Access to Clinical Systems**

Your practice is collaborating with other practices within our Primary Care Network. This means that staff from one practice may have access to records from another practice in order to support clinical or healthcare management activities.

All staff continue to be bound by confidentiality and have had training in keeping your information secure. If you have any concerns about your information being accessed by staff from the following practices: Leiston Surgery, Framlingham Medical Practice, Saxmundham Health, please contact us and let us know.

**Declaration**

I confirm I have read and understood the above information, and the details I have provided are correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECEPTION USE ONLY**

ID verified by (print name): \_\_\_\_\_ Method: Vouching  Photo ID

Date verified: \_\_\_\_\_