

WELCOME TO HIGHFIELD SURGERY

To register with this practice, please complete this questionnaire as fully as possible. It can take some time for your previous medical records to reach us. The information you give in this questionnaire will help us to provide you with good medical care.



For completion by parent/guardian for a child aged under 12 years

Please bring your child's 'Red Book' to the surgery so their immunisation history can be recorded

PERSONAL DETAILS					
Surname		Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Forename(s)		Address			
Date of Birth					
NHS number					
Home Tel:		Postcode:			
Name of School / Nursery:					
Emergency Contact Name:		Relationship:		Tel:	

HEALTH DETAILS			
Height		Weight	

MEDICAL HISTORY	
Does your child suffer with any medical conditions? <i>(please specify)</i>	
Does your child have any allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergic to:	Type of Reaction:
Allergic to:	Type of Reaction:
Allergic to:	Type of Reaction:

REPEAT MEDICATION	
Is your child on any medicines at present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If yes, please provide a recent printout (less than two months old) of their medication to Reception and we will arrange for the items to be set up on our clinical system.</p> <p>If you do not have a printout, please ask for a doctor's appointment to discuss this.</p>	

New Patient Questionnaire (Child) – 2

Ethnicity – (not nationality)					
White	British	Irish	Other white		
Asian	Asian British	Bangladeshi	Indian	Pakistani	Other Asian
Black	Black British	African	Caribbean	Other black	
Mixed	Asian & White	Asian & Black	Asian & Caribbean	White African	White Caribbean
Other	Chinese	Japanese	Middle Eastern	Other (please state)	
Country of Birth:					
Does your child speak English?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	First Language (if not English):	

Appointments – please book the following appointments if applicable	
If your child has asthma	Appointment with Respiratory Nurse
If your child is currently under hospital care	Appointment with GP required

ELECTRONIC PRESCRIPTION SERVICE (EPS)	
<p>The Electronic Prescription Service (EPS) is an NHS service. You will not have to visit the GP practice to pick up your paper prescriptions. Instead, your GP will send it electronically to your nominated Pharmacy.</p> <p>Please indicate your preference below:</p>	
I would like repeat prescriptions sent electronically to:	Pharmacy Branch
I would prefer to collect repeat prescriptions from the surgery	<input type="checkbox"/>

SUMMARY CARE RECORD (SCR)
<p>Your child's medications, allergies and adverse reactions will be uploaded to a Summary Care Record held on the NHS Spine computer system. This information may be accessed by NHS healthcare staff caring for your child who may need this information in order to treat them safely in an emergency.</p> <p>For further information visit the website www.nhscarerecords.nhs.uk, or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020.</p>