

NORTON BROOK MEDICAL CENTRE

NEW PATIENT QUESTIONNAIRE (under 16)

Your records often take some while to come through and, therefore, your help with this questionnaire is appreciated.

FULL NAME

NAME OF ADULT(S) WITH PARENTAL RESPONSIBILITY
(name & relationship to child)

DATE OF BIRTH

CONTACT TELEPHONE NUMBERS

ETHNICITY

WEIGHT AT BIRTH (if known)

REGULAR PRESCRIPTION MEDICINES

DRUG ALLERGIES

SIGNIFICANT PAST ILLNESSES / OPERATIONS

.....

IS THE CHILD UP TO DATE WITH IMMUNISATIONS?

Diphtheria, Tetanus, Pertussis, Polio & Hib (combined 5-in-1 injection)	YES	NO
MMR	YES	NO
Men C	YES	NO

PLACE WHERE IMMUNISATIONS GIVEN:

Previous surgery in England	YES	NO
Previous surgery in Scotland, Wales or N. Ireland	YES	NO
Abroad	YES	NO
Privately	YES	NO

We wish to understand and record any particular communication needs you might have. We will then do our best to meet your needs in all contacts with the practice.

Is your communication with others affected by a health problem or disability which has lasted, or is expected to last, at least 12 months?

YES / NO If YES please answer the following questions –

1. I communicate using (e.g. BSL, deafblind manual) :
2. To help me communicate I use (e.g. talking mat, hearing aids) :
3. I need information in (e.g. braille, easy read) :
4. If you need to contact me the best way is (e.g. email, telephone) :

For office use only:

GP allocated and patient advised verbally Yes / No GP allocated.....

Initials and date registration taken:



Northern, Eastern and Western Devon
Clinical Commissioning Group

Your Name:

Date of Birth:

NHS Number (if known):

(Name of Surgery) offers its patients the choice of having a Summary Care Record.

The new NHS Summary Care Record has been introduced to help deliver better and safer care and give you more choice about who you share your healthcare information with.

What is the NHS Summary Care Record?

The Summary Care Record contains basic information about:

- any allergies you may have,
- unexpected reactions to medications, and
- any prescriptions you have recently received.

The intention is to help clinicians in A & E Departments and 'Out of Hours' health services to give you safe, timely and effective treatment. Clinicians will only be allowed to access your record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Over time, health professionals treating you may add details about any health problems and summaries of your care. Every time further information is added to your record, you will be asked if you agree (explicit consent).

Children under the age of 16

Patients under 16 years will not receive this form, but will have a Summary Care Record created for them unless their GP surgery is advised otherwise. **If you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf. Ask the surgery for additional forms if you want to opt them out.**

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- If you are happy for a Summary Care Record to be set up for you then you need take no further action.
 - If you want to opt-out now please tick the box below and return it to Reception as soon as possible.
-

Please tick the box and sign below if you do not want a Summary Care Record:

No I do not want a Summary Care Record

Signed: _____ Date: _____

Hand this form in at your Surgery if you wish to "Opt-Out"
For more information visit www.nhscarerecords.nhs.uk or call 0300 123 3020.

NORTON BROOK MEDICAL CENTRE

Cookworthy Road Kingsbridge Devon TQ7 1AE



Dr Elizabeth Haslam Dr Margaret Smith Dr Stephen Williams
Dr Kate Hampson Dr David Stevens Dr James Mottram
Dr Darren Thomas Dr Karen Bevan-Mogg Dr Jessica Marshall

If you are happy to receive messages via text and email*, please complete this form.
One form per person.

We will only send messages that are relevant to your ongoing health care, e.g. appointment reminders and requests to contact the surgery. We respect your privacy and will only contact you in this way if you give us your permission. The message will not contain any personal information such as name or date of birth.

Surname	
Forenames	
Address	
Date of Birth	
Tel no.	
Mobile no.	
Email	

I consent to receiving text and email messages from Norton Brook Medical Centre and understand that it is my responsibility to inform the surgery if I change my mobile number or email address. I understand I may change my decision at any time by informing the surgery.

Signed

Date

.....
*Email not currently in use but will be included in your patient record for future use.

Official use only: Email - read code XaRFI, text messages – update contact details.

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Dr Darren Thomas

Dr Margaret A Smith
Dr Kate R Hampson
Dr James Mottram
Dr Karen Bevan-Mogg
Dr Jessica Marshall

Tel: 01548 853551
Fax: 01548 857741

I consent to the following person/s having access to my medical records if necessary and appropriate and to discussing relevant appointments, investigations, referrals, etc. concerning me.

Patient name:

.....

Signature:

Date:

I consent to:

Name:

Relationship:

Contact nos.:

I consent to:

Name:

Relationship:

Contact nos.:

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Application for online access to my medical record



Surname		Date of birth	
First name			
Address			
Postcode			
Email address			
Telephone number		Mobile number	

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (tick). We may only grant access if ALL boxes are ticked.

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>

Signature		Date	
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For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>	
Authorised by			Date
Date account created			
Date passphrase sent			
Level of record access enabled All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Limited parts <input type="checkbox"/>		Notes / explanation	