



NORTHFIELD MEDICAL CENTRE

VILLERS COURT, BLABY, LE8 4NS

Tel: 0116 3192203, Web: www.northfieldmedicalpractice.co.uk

Thank you for applying to join Northfield Medical Centre. We would like you to fill in the following questionnaire.

You don't have to supply answers to all of the questions but what you do fill in will help us give you the best possible care.

Please note you will need to also supply two forms of Identification with your completed form, a photographic form of ID (such as passport or driving license) and proof of your home address (such as a recent bank statement or document relating to your new home).

New Patient Questionnaire for patients aged Under 16

Please complete all areas in **CAPITAL LETTERS** and tick the appropriate boxes.

Fields marked with an asterix (*) are mandatory.

*Title	*Surname
*Any previous surname(s)	
* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intermediate <input type="checkbox"/> Unspecified	
Town and country of birth	
Home telephone No.	Preferred Number <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent / Carer's No.	Preferred Number <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile No.	Preferred Number <input type="checkbox"/> Yes <input type="checkbox"/> No
Please tick this box if you DO NOT wish to receive SMS text message reminders: <input type="checkbox"/>	

*First names
*Date of Birth
*NHS No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
*Home address & Postcode
*Previous address & Postcode
Email address

*Previous GP Details:
*School that child is registered with:

*Is the child a looked after child? <input type="checkbox"/> Yes <input type="checkbox"/> No
A child who is being looked after by their local authority is known as a child in care. They might be living: with foster parents, at home with their parents under the supervision of social services or in residential children's homes.

*I would describe the child's ethnic group as (please tick)					
White	<input type="checkbox"/>	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Black	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/> Chinese
Mixed	<input type="checkbox"/>	White + Black Caribbean	<input type="checkbox"/>	White + African	<input type="checkbox"/> White + Asian
Other	<input type="checkbox"/>	Please specify:			

Child's Main Language Spoken? (E.g. English)
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Is the child a dependant of a current serving member of British Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

Next of kin \ Emergency contact.

Is the contact named below authorised to discuss the child's medical record with us? Yes No

Name of next of kin \ Emergency contact

Relationship to you

Next of kin \ Emergency contact telephone number(s)

Next of kin \ Emergency contact address (if different to above)

Data Sharing

Summary Care Record (SCR)

Your SCR is an electronic summary of key medical information taken from your GP medical record. If you need healthcare away from your usual doctor's surgery, your enhanced SCR will provide those looking after you with key information to help them give you better and quicker care. Please refer to 'What is a Summary Care Record' document for more information or visit: <http://systems.digital.nhs.uk/scr>

Tick this box if you wish to have an enhanced SCR with core and additional information (recommended)

Tick this box if wish to opt-out of the SCR

Carers Information

A carer is a friend or family member who gives their time to support a person in their home, to an extent that the person could not remain at home if this care was not being provided. A carer can receive Carers Allowance, but not a wage and the care they are giving will significantly affect their own life.

Is the child looked after or supported by someone who they couldn't manage without? Yes No

If yes, what is their name and contact number?

Do you consent for the carer to be informed about the child's medical care? Yes No

Does the child look after or support someone who couldn't manage without them? Yes No

If yes, do they look after someone who is a patient of Northfield Medical Centre? Yes No Don't know

If yes, what is their name?

Are they a: Relative Friend Neighbour

Please detail any contact that the child has with other professionals such as health visitors and social workers.

Looked after Children

Are you looking after someone else's child? Yes No

If Yes, under what arrangements:

Section 20-Voluntary Care Interim Care Order Care Order Child arrangement order/Residence Order
 Special Guardianship order Placed for adoption Private arrangement/Private Fostering/informal arrangement

(please note you have a duty to notify social care of this arrangement)

Who has the legal responsibility for the child?

You as the legal parent or guardian

Other (please specify)

Who can consent for the medical treatment for the child?

You as the legal parent or guardian

Other (please specify)

Medical details

*Is the child allergic to any medicines? Yes No (if yes please specify)

*List other allergies / intolerances (i.e. nuts, gluten, pollen, animal hair or certain foods. Please mark "none" if the child has no other allergies that you know of)

Has the child ever had any of the following conditions?

Epilepsy	<input type="checkbox"/> Yes	Year
High Blood Pressure	<input type="checkbox"/> Yes	Year
Heart Attack / Angina	<input type="checkbox"/> Yes	Year
Stroke / Mini-stroke (TIA)	<input type="checkbox"/> Yes	Year
Cancer	<input type="checkbox"/> Yes	Year
Rheumatoid Arthritis	<input type="checkbox"/> Yes	Year

Mental Illness	<input type="checkbox"/> Yes	Year
Diabetes	<input type="checkbox"/> Yes	Year
Asthma	<input type="checkbox"/> Yes	Year
COPD (or Emphysema)	<input type="checkbox"/> Yes	Year
Osteoporosis / Bone fractures	<input type="checkbox"/> Yes	Year
Peripheral vascular disease	<input type="checkbox"/> Yes	Year

Does the child have any disabilities, illnesses or accessibility needs? I.e. needing to be seen in ground floor consulting rooms or use of a specific communication device such as a hearing aid? If yes, please tell us how we can support their needs.

The Accessible Information Standard (AIS)

Please use this space to tell us about any specific communication needs your child may have. I.e. needing information in large print or deafblind telephone contact. For further information please visit <https://www.england.nhs.uk/ourwork/accessibleinfo/>

Does the child have a family history of any of the following?

High Blood Pressure	<input type="checkbox"/> Yes	Who
Ischaemic Heart Disease Diagnosed aged >60 yrs	<input type="checkbox"/> Yes	Who
Ischaemic Heart Disease Diagnosed aged <60 yrs	<input type="checkbox"/> Yes	Who
Raised Cholesterol	<input type="checkbox"/> Yes	Who
Stroke / CVA	<input type="checkbox"/> Yes	Who
Asthma	<input type="checkbox"/> Yes	Who

DVT / Pulmonary Embolism	<input type="checkbox"/> Yes	Who
Breast Cancer	<input type="checkbox"/> Yes	Who
Any Cancer Specify type:	<input type="checkbox"/> Yes	Who
Thyroid disorder	<input type="checkbox"/> Yes	Who
Epilepsy	<input type="checkbox"/> Yes	Who
Osteoporosis	<input type="checkbox"/> Yes	Who

Please tell us about the child's smoking habits

Does the child smoke? Yes No

If Yes, what do you primarily smoke:
Cigarettes / Cigar / Pipe (please circle)

How many does the child smoke a day?
Would you like advice on quitting? Yes No

Is the child an ex-smoker Yes No
When did they quit?

How many did you used to smoke a day?

Does your child exercise regularly? Yes No

If so – What exercise do they take?

How often?

Please record any additional information about your child that you think is important for us to know

Electronic Prescription Service (EPS)

EPS enables prescribers - such as GPs and practice nurses - to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. If you have already nominated a pharmacy, please tell us which pharmacy you have chosen. For further information about this service, please talk to your pharmacist of choice.

NHS Organ Donor registration

I want to register my child's details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after their death. Please tick the boxes that apply.

- Any of my organs and tissue or
 Kidneys Heart Liver Corneas Lungs Pancreas Any part of my body

For more information, please visit the website www.uktransplant.org.uk or call 0300 123 23 23

*Signed

*Date / / /

Signed on behalf of patient (if applicable)
(e.g. for minors under 16 years old)



NORTHFIELD MEDICAL CENTRE

SYSTMONLINE ACCESS FORM

Surname	Date of birth
First name	
Address	
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 (Summary Care Record)	<input type="checkbox"/>
4. Accessing my medical record (Detailed Coded Record – Up to 4 weeks required to activate Detailed Coded Record)	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (tick)

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. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<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"/>

*Signed:
*Print Name:

*Date:
*Please provide your relationship to the patient if you are signing on their behalf:

If Online Access is being requested for anyone aged 13 or over this must be signed by the patient themselves. Online Access will automatically disable for children turning 13. When this happens, we will require a new form completing with the child's written consent to re-enable Online Access

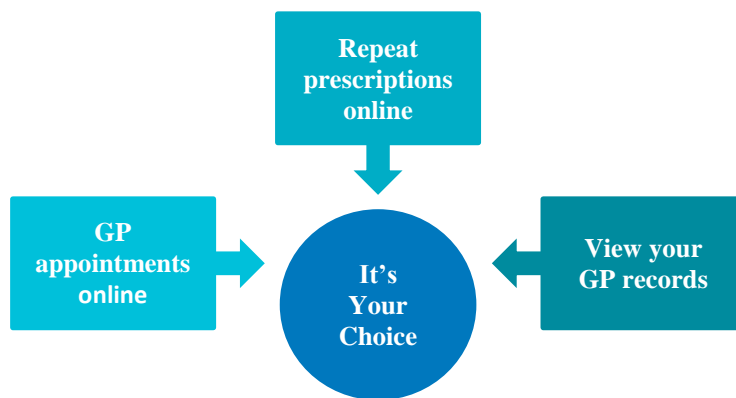
<u>FOR OFFICE USE ONLY</u>			
PHOTO ID	<input type="checkbox"/>	TYPE: _____	STAFF INITIALS _____
(Over 18 only)			
ADDRESS ID	<input type="checkbox"/>	TYPE: _____	STAFF INITIALS _____
ONLINE ACCESS PAPERWORK GENERATED	<input type="checkbox"/>	STAFF INITIALS _____	DATE _____
PAPERWORK TO SCANNING	<input type="checkbox"/>	STAFF INITIALS _____	DATE _____

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

The practice has the right to remove online access to services. This is rarely necessary but may be the best option if you do not use them responsibly or if there is evidence that access may be harmful to you. This may occur if someone else is forcing you to give them access to your record or if the record may contain something that may be upsetting or harmful to you. The practice will explain the reason for withdrawing access to you and will re-instate access as quickly as possible.



It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

The information that you can see online may be misleading if you rely on it alone to complete insurance, employment or legal reports or forms.

Be careful that nobody can see your records on screen when you are using Patient Online and be especially careful if you use a public computer to shut down the browser and switch off the computer after you have finished.

Before you apply for online access to your record, there are some other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Things to consider

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them. If this happens please contact your surgery as soon as possible. The practice may set your record so that certain details are not displayed online. For example, they may do this with test results that you might find worrying until they have had an opportunity to discuss the information with you.

Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure. If it would be helpful to you, you can ask the practice to provide another set of login details to your Online services for another person to act on your behalf. They would be able to book appointments or order repeat prescriptions. They may be able to see your record to help with your healthcare if you wish. Tell your practice what access you would like them to have.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

FOR OFFICE USE ONLY

PHOTO ID TYPE: _____ STAFF INITIALS _____
(Over 18 only)

ADDRESS ID TYPE: _____ STAFF INITIALS _____

REGISTRATION COMPLETED ON SYSTMONE STAFF INITIALS _____ DATE _____

NEW PATIENT TEMPLATE COMPLETED ON S1 STAFF INITIALS _____ DATE _____

ONLINE ACCESS PAPERWORK GENERATED STAFF INITIALS _____ DATE _____

PAPERWORK TO SCANNING STAFF INITIALS _____ DATE _____