Leatside Health Centre

New Patient Questionnaire (Child/Young Person: under 18 years)

Whilst we are waiting for the child's/young person's full medical records from their last doctor, it would help us if you could take the time to complete this questionnaire so that care is transferred as seamlessly as possible.

Please complete in **BLOCK CAPITALS** and tick relevant boxes.

- Please complete a separate form for each child/young person to be registered.
- Please bring in evidence of the child's/young person's immunisation record e.g. red book.
- When handing in please remember to bring photo ID & proof of address of registering adult and proof of ID for the child/young person e.g. birth certificate.

Do you have any special communication needs? ☐ Yes ☐ No

If yes: ☐ Sign Language ☐ Large Print ☐ Other

Child/Young Person's Personal Details

Full Name			
Date of Birth			
NHS No (if known)			
Home tel. number			
Mobile tel. number		**Can we contact you by SMS?**	☐ **Yes** ☐ **No**
E-mail address		**Can we contact you by email?**	☐ **Yes** ☐ **No**

Name of Parent(s)/Carer(s)	**Relationship to Child/ Young person**	**Has Legal Responsibility?**	**Next of kin?**
1.		☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
2.		☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
Name of person(s) with legal responsibility if not parent/carer:			
Name of School/Nursery attended:			
Is child/young person home educated?		☐ **Yes**	☐ **No**

Please list other household members at your address who are registered with this Practice.

Name	**Date of Birth**	**Relationship**
1.		
2.		
3.		
4.		
5.		
6.		

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Child/Young Person's Medical Background.

Q1: Does the child/young person need help with mobility/communication? If No, please go to the next question Q2	☐ Yes	☐ No
Does the child/young person use any of the following mobility/communication aids: ☐ Wheelchair ☐ Walking aid ☐ Hearing Aid ☐ British Sign Language (BSL) ☐ Makaton Sign Language ☐ Lip reading ☐ Large print ☐ Braille ☐ Interpreter ☐ Other (please specify)		
Is the child/young person currently housebound?	☐ Yes	☐ No
If the child/young person is housebound, please provide details below:		

Q2: Please give information about any serious illnesses, operations, or injuries the child/young person has had in the past. If none, please go to next question		
Condition:	Year Diagnosed:	Ongoing: ☐ Yes ☐ No

Q3: Please provide details of any medication the child/young person takes (including the contraceptive pill):		
Medication Name	Dosage	Frequency

Q4: Please give details of any allergies or sensitivities the child/young person may have to medication/food:

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Q5: Is the child/young person registered with a dentist?	☐ Yes	☐ No
To find a dentist visit NHS Choices www.nhs.uk		
Q6: Is the child/young person known to Social Services?	☐ Yes	☐ No
If No, please go to question 8		
Q7: Is the child/young person or family currently involved with Social Services?	☐ Yes	☐ No
If yes, please give further details:		
Name of Social Worker and/or Support Worker:		
Is the child/young person a Looked After Child in the care of the Local Authority?	☐ Yes	☐ No
If yes, in what capacity?	☐ Permanent	☐Temporary
Which Local Authority?		
Name of Social Worker:		
Q8: Is the child/young person being looked after by a friend, family member, or neighbour in their home (Private Fostering)?	☐ Yes	☐ No
If yes, how long have they been there?		
Q9: Is the child/young person looking after someone at home?	☐ Yes	☐ No
Please let us know if the child/young person is looking after someone who is ill, frail, disabled, has mental health/emotional support needs or substance misuse problems:		
If so, do you think they would like additional support as a Young Carer?	☐ Yes	☐ No

The child/young person religion:

☐ C of E ☐ Catholic ☐ Other Christian ☐ Buddhist ☐ Hindu ☐ Muslim ☐ Sikh
☐ Jewish ☐ Jehovah's Witness ☐ No religion ☐ Other religion (state) _________________

The child/young person Ethnic Origin (select one):

☐ White (UK) ☐ White (Irish) ☐ White (Other) ☐ Caribbean ☐ African
☐ Asian ☐ Other Mixed Background ☐ Indian/Brit Indian ☐ Pakistani/Brit Pakistani
☐ Bangladeshi/Brit Bangladeshi ☐ Other Asian Background ☐ Other Black Background
☐ Chinese ☐ Other (please specify) ___________________________ ☐ Decline to state

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The child/young person main or 1st language spoken/understood (select one)

☐ **English** ☐ **Hindi** ☐ **Gujurati** ☐ **Urdu** ☐ **Bengali** ☐ **Punjabi** ☐ **Polish** ☐ **Ukrainian** ☐ **French** ☐ **German** ☐ **Spanish** ☐ **Other (please specify)** ___________________
☐ **Decline to state**

Data Sharing and Consent Choices

To maintain continuity of clinical care, we upload certain medical information so that it is available to other healthcare organisations (e.g. Emergency Departments). A summary care record (SCR) is an electronic summary of key health information. It will hold limited essential information derived initially from the child/young person's GP record. This will include medication, adverse reactions, and allergies. If you wish to know more information regarding the system and the benefits please ask reception. Alternatively, visit the

website: https://digital.nhs.uk/services/summary-care-records-scr/summary-care-records-scr-information-for-patients

Would you like to: Opt in: ☐ Opt out: ☐

Please visit our website or ask a member of staff if you would like to see the Practice Privacy Statement.
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Name of person
Completing form: ____ **Date**______________________
(Please print)

For Official Use

ID Seen	Birth Certificate ☐
	Passport ☐
	Driving Licence ☐
	Other ☐ Please specify…….
ID seen by whom	(Print Name)
All required information supplied ☐ Registration accepted ☐ Clinical system updated ☐	
EMIS ID:	
Notes:	

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