

MOSSLEY & DUDLEY FIELDS MEDICAL PRACTICE NEW PATIENT QUESTIONNAIRE

Age 13 or younger

All information will be treated as confidential. We ask you to **FULLY** complete this questionnaire to ensure we have accurate details about your medical health should you require treatment prior to your records arriving from you old Doctor.

PLEASE RETURN COMPLETED FORMS TO RECEPTION BETWEEN 2PM & 4PM

Surname	
Forenames	Address Postcode
Telephone number(s) Mobile number: Email:	
Date of Birth	
Place of Birth	
NHS number:	

PREVIOUS GP if applicable: Please state name and address

NEXT OF KIN: Please state name, relationship, address and telephone /mobile number

CARER: If you have a carer please state name, address and telephone number

MEDICAL HISTORY: Please list any serious illnesses, operations, accidents, disabilities (eg deafness, partially sighted etc.) with dates.

MEDICATION: Please list the names of all medications taken (including contraceptive pill)

ALLERGIES: Please list all known allergies to medications (eg penicillin)

Please tick previous vaccinations eg.

- Diphtheria/Tetanus
- Whooping Cough
- Polio

- MMR
- Rubella (German Measles)
- Meningococcal C

HiB

Travel vaccinations - *Please specify:*

If of School age, What school attend:.....

ETHNICITY DATA:

The government and NHS require us to collect information on patients ethnicity when registering with the practice. We would be most grateful if you could tick the appropriate box.

A: White British Irish
 Any other white background (please write in).....

B: Mixed White and Black Caribbean White & Black African
 White and Asian
 Any other mixed background (please write in).....

C: Asian or Asian British
 Indian Pakistani
 Bangladeshi
 Any other Asian Background (please write in).....

D: Black or Black British
 Caribbean African
 Any other Black background (please write in).....

E: Chinese or other ethnic group
 Chinese
 Any other (please write in)

F: I do not want to disclose this information.

First language:

APPLICATION TO JOIN THE PRACTICE PROCEDURE – staff to complete

1. Has the patient put their post code? Yes No

2. Ensure all forms are fully completed and signed.

Check Ethnicity First language School Immunisation history

Incomplete forms cannot be accepted.

3. Has the patient presented with a birth certificate? Yes No

4. Does the parent / guardian understand about the SCR and care data? Yes No

Patient signature Date:

Staff member Date:



Request for all clinical data to be withheld from the summary care record.

Please return this form to your participating GP practice

To be completed by the individual (data subject) making the request.

Title _____ Surname _____

Forename(s) _____ Address _____

Postcode _____ Tel No _____ Date of birth _____

What does it mean if I DO NOT have a summary care record? Health-care staff treating you may not be aware of your current medications in order to treat you safely and effectively.

Health-care staff treating you may not be made aware of current conditions and/or diagnoses leading to a delay or missed opportunity for correct treatment.

Health-care staff may not be aware of any allergies/adverse reactions to medications and may prescribe or administer a drug/treatment with adverse consequences.

Signature.....

Actioned by

If you have any questions, or if you wish to discuss your choices or concerns, please telephone the NHS Care Records Service Information Line on 0845 603 8510.

Care Data Service Opt Out Form

Please tick the box below if you wish to opt out of the care data service. This means that data from your GP medical record will not be shared with any secondary organisations.

wish to opt out of the Care Date Service

(Code 9nU0)

Please tick the box below if you wish to prevent any of your data gathered from any health or social care setting being used by a secondary organisation:

do not want my data from any health or social care setting being used

(Code 9Nu4)

Please complete the details below so that we can update your medical record with this information.

Name	
Address	
Date of birth	
Contact Number	
Signature	
Date	

Please note that you can choose to opt back into these services at any time. If you change your mind, please speak to one of our practice administrators.

Please note that opting out of the Care Data service does **not** opt you out of the Summary Care Record system.