

STOKENCHURCH MEDICAL CENTRE

NEW PATIENT MEDICAL QUESTIONNAIRE (CHILDREN)

All information will be regarded as **CONFIDENTIAL**. Please answer as fully as possible.

DATE:

Name:

Date of Birth: **Next of Kin:** **Tel No:**

Home Tel: **Work Tel:** **Mobile:**

Address:

..... **Post Code**

Current and previous medical problems and hospital admissions:

Date	Major illness/Operation
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Current medicines taken:

IT IS IMPORTANT THAT YOU PROVIDE A COPY OF YOUR REPEAT MEDICATION SLIP FROM YOUR PREVIOUS GP AS SOON AS POSSIBLE TO ENSURE CONTINUITY OF SUPPLIES

Allergies to drugs:

Allergies to others e.g. Elastoplast etc:

FAMILY HISTORY – Are there any illnesses that run in the family?

PTO

IMMUNISATIONS:

Please indicate those received. Give dates if possible.

	1ST	2ND	3RD	4TH BOOSTER
Diphtheria/Tetanus/ Pertussis/Polio
HIB
Measles
MMR
BCG
Rubella
Meningitis
Other

ANY OTHER COMMENTS?

APPLICANT'S ETHNIC ORIGIN

- White – British
- White – Irish
- White – Other
- Mixed – White Black Caribbean
- Mixed – any other mixed background
- Mixed – White & Asian
- Chinese
- Decline to State

- Asian & British Asian – Indian
- Asian & British Asian – Pakistani
- Asian & British Asian – Bangladeshi
- Asian & British Asian – Other Background
- Black or Black British – Caribbean
- Black or Black British – Other Background
- Any Other Ethnic Group

COMMUNICATION:

Are you happy for us to e-mail you with clinical communication? **YES / NO**

Are you happy for us to send sms text messages with clinical communication? **YES / NO**

Parent/Guardian signature:

SUMMARY CARE RECORDS:

If you wish to opt out of this service please complete the attached form.

For more information go to: <http://www.nhscarerecords.nhs.uk/>

EMIS ONLINE APPOINTMENTS AND REPEAT MEDICATION REQUEST

To register for this service please go to <https://patient.emisaccess.co.uk/>

ELECTRONIC PRESCRIPITON SERVICE (EPS)

Stokenchurch Medical Centre now uses this service – prescriptions are delivered to the patient’s nominated Pharmacy electronically. To register for this service please go to your choice of pharmacy and ask them to register you.

(If you were previously set up for EPS in another area, and no longer want to collect from there, it is important that you change your nominated pharmacy, before requesting medication from Stokenchurch Medical Centre)