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NEW PATIENT QUESTIONNAIRE - CHILDREN

You must already be registered as a patient before you can register a child at the Practice.
You will not be able to book an appointment for your child until they have been fully registered. The child must be seen at Reception as part of the registration process.

Full Name:

Date of birth.....

Address:.....

.....

Postcode:

Telephone:

Has your child been diagnosed with any significant illnesses (i.e. asthma, diabetes, epilepsy), or on any medication?

Please give details:

.....

.....

Does your child suffer from any allergies (i.e.: bee stings, nuts, medications)?

Please give details:

ACCESSIBLE INFORMATION

The Accessible Information Standard is a legal requirement to make sure that patients are given information that they can understand and receive the communication support they need. It is of particular relevance to individuals who are blind, d/Deaf, deafblind and / or who have a learning disability that affects their ability to communicate (i.e.: Autism).

All organisations that provide NHS or adult social care are required to follow the new standard, including NHS Trusts and Foundation Trusts, and GP practices.

As relating to older children, is there anything we should know about your child's communication needs?

.....

.....

IMMUNISATIONS

Please bring your child's Personal Child Health Record, or 'Red Book', with you when you register at the Surgery. We will take a copy of their immunisation history and add it to their record.

To complete registration, please bring your child, proof of your shared home address, Red Book and the child's passport or birth certificate to Reception. They will not be able to make an appointment until registration is completed.

Signature: Date:
Full Name: Relationship* :.....

*If the person signing is not the patient, please give name and relationship to patient

ADMIN PURPOSES: Identification seen (receptionist initials):

Passport

Birth Certificate

ETHNICITY AND LANGUAGE

The ethnic category and languages used above are as defined by and collected at the request of the Department of Health and the Gloucestershire Clinical Commissioning Group, and are assured by the Information Standards Board for Health and Social Care.

✓ Please tick your child's ethnic category

- | | |
|---|--|
| <input type="checkbox"/> British (White) | <input type="checkbox"/> Bangladeshi (Asian or Asian British) |
| <input type="checkbox"/> Irish (White) | <input type="checkbox"/> Any Other Asian Background (Asian or Asian British) |
| <input type="checkbox"/> Any Other White Background (White) | <input type="checkbox"/> Caribbean (Black or Black British) |
| <input type="checkbox"/> White and Black Caribbean (Mixed) | <input type="checkbox"/> African (Black or Black British) |
| <input type="checkbox"/> White and Black African (Mixed) | <input type="checkbox"/> Any Other Black Background (Black or Black British) |
| <input type="checkbox"/> White and Asian (Mixed) | <input type="checkbox"/> Chinese (Other Ethnic Groups) |
| <input type="checkbox"/> Any Other Mixed Background (Mixed) | <input type="checkbox"/> Any Other Ethnic Group |
| <input type="checkbox"/> Indian (Asian or Asian British) | <input type="checkbox"/> Not Stated |
| <input type="checkbox"/> Pakistani (Asian or Asian British) | |

If other please state:.....

✓ Please tick your child's first or preferred language:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Italian | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Japanese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> British Sign Language | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Chinese Yue | <input type="checkbox"/> Makaton | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> English | <input type="checkbox"/> Mandarin Chinese | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Parsi | <input type="checkbox"/> Patois/Creole | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> French | <input type="checkbox"/> Polish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> German | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Welsh |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Punjabi | |
| <input type="checkbox"/> Gujerati | <input type="checkbox"/> Russian | |
| <input type="checkbox"/> Non verbal communication | | |
| <input type="checkbox"/> Any Other Language | | |

If other language please state:.....

SHARING YOUR HEALTH CARE RECORDS AND INFORMATION

The Summary Care Record and the sharing of basic information helps clinicians in A & E Departments and 'Out of Hours' health services to give you safe, timely and effective treatment. Your patient record will be held securely and confidentially on our electronic system, and will only be accessed by authorised healthcare professionals directly involved in your care. You will be asked if healthcare staff can look at your information every time they need to, unless it is an emergency and they are unable to; for instance if you are unconscious.

With your permission, this information will be shared electronically via:

1. **SCR - NHS SUMMARY CARE RECORD (used nationally across England)**
2. **GLOUCESTERSHIRE SHARED HEALTH AND SOCIAL CARE INFORMATION (Joining up your information - JUJI) Used locally across Gloucestershire.**
3. **ENHANCED DATA SHARING MODEL in SystmOne (EDSM) (Used nationally across all healthcare providers using SystmOne.**

1. Your Summary Care Record contains basic information about:

- Your current medications
- Any allergies you have
- Any bad reactions you have had to medicines

**SCR with Additional information can be added upon request to your GP practice. The Overton Park GPs recommend this setting. It includes:

- Significant problems (past and present)
- Significant procedures (past and present)
- Anticipatory care information
- End of life care information – as per EOLC dataset ISB 1580
- Immunisations.

2&3. Gloucestershire services (JUJI) and other users of the SystmOne clinical system contains information about:

- Your current medications
- Any allergies you have
- Any bad reactions you have had to medicines
- Your medical history and diagnoses
- Test results and X-ray reports
- Your vaccination history
- General health readings such as blood pressure
- Your appointments, hospital admissions, GP out-of-hours attendances and ambulance calls
- Care / management plans

Please note that these records are **NOT CONNECTED** with the Health and Social Care Information Centre care.data project and will be used **only** for the purpose of enabling informed care to be supplied directly to you as an individual.

Parents, guardians or someone with power of attorney can ask for people in their care to be opted out, but ultimately it is the GP's decision whether to share information, or not, because of their duty of care.

If you are caring for someone and feel that they are able to understand, then you should make the information about the different methods of sharing available to them.

Please tell us if you happy for us to share this electronic information with clinicians in other NHS organisations (and Gloucestershire County Council social care in the case of JUYI) who are involved in your care.

Please read carefully and select ONE option in ALL the tables below.

1	National Summary Care Record	Please tick <u>One</u> Box only
	I would like my information shared through the Summary Care Record	
	I would like a Summary Care Record with additional information added **Overton Park GPs recommend**	
	I <u>do not</u> want my information shared through the Summary Care Record	
2	Gloucestershire shared health and social care information (JUYI)	Please tick <u>One</u> Box only
	I would like my information shared through the Gloucestershire shared health and social care information project	
	I <u>do not</u> want my information shared through the Gloucestershire shared health and social care information project	

3	Enhanced Data Sharing Model (SystemOne clinical system) - Sharing Out	Please tick <u>One</u> Box only
	I would like my information <u>shared out</u> to SystemOne healthcare providers	
	I <u>do not</u> want my information <u>shared out</u> to SystemOne healthcare providers.	

3	Enhanced Data Sharing Model (SystemOne clinical system) - Sharing In	Please tick <u>One</u> Box only
	I want my GP practice to view data that is recorded at another SystemOne NHS organisation that may care for me.	
	I <u>do not</u> want my GP practice to view data that is recorded at another SystemOne NHS organisation that may care for me.	

Signature: Date:

Full Name: Relationship* :.....

**If the person signing is not the patient, please give name and relationship to the patient.*