

**For staff use only:**

NPQ taken in by: \_\_\_\_\_ Date taken in: \_\_\_\_\_

ID details: \_\_\_\_\_ Address confirmed  Named GP & Informed

**GMS1 checklist:**

Signed & Dated  Previous Address & GP  If not previously registered within UK date of entry

Date of entry less than 6 months reverse to be **fully** completed

## Dapdune House Surgery New under 11 Patient Questionnaire

It is very important that we maintain accurate and up to date records. To help us, please complete the short questionnaire below. If you would like Proxy Online Access for any dependent child under the age of 11 years, please complete a separate Proxy Online Access registration form.

<b>Surname</b>			
<b>Forename(s)</b>			
	<b>Date of Birth</b>		<b>M / F</b>
<b>Address</b>			
	Postcode		
	<b>Telephone No.</b>	<b>NHS Number</b>	
<b>Ethnic Origin</b>			
<b>Is she/he allergic to any tablets/medicines Or anything else?</b>			

**Next of Kin details**

<b>Name</b>	
<b>Address if different from above</b>	
<b>Contact number</b>	
<b>Relationship</b>	

## Immunisation record

Generally given at ...		Yes	No	Date	Where? GP or Clinic
2 months	1 <sup>st</sup> Diphtheria, tetanus, pertussis(whooping cough), polio and Haemophilus influenzae type b (Hib), and Hep B				
	1 <sup>st</sup> Pneumococcal conjugate vaccine (PCV)				
	1 <sup>st</sup> Rotavirus				
	1 <sup>st</sup> Meningitis B				
3 months	2 <sup>nd</sup> DTaP/IPV/Hib + Hep B				
	2 <sup>nd</sup> Rotavirus				
4 months	3 <sup>rd</sup> DTaP/IPV/Hib + Hep B				
	2 <sup>nd</sup> PCV				
	2 <sup>nd</sup> Meningitis B				
Between 12 & 13 months old - within a month of the first birthday	Hib/MenC				
	3 <sup>rd</sup> PCV				
	1 <sup>st</sup> MMR				
	3 <sup>rd</sup> Meningitis B				
2,3 & 4 year olds	Influenza				
3 years 4 months to 5 years	DTaP/IPV				
	2 <sup>nd</sup> MMR				
Has your Child had a Hepatitis B vaccination at birth					

## ***Summary Care Record***

This practice has started the national Summary Care Record programme which enables each patient to have a summary of their key medical information held securely on the NHS central database, known as the NHS Spine. This summary record could be used in an emergency if you needed treatment when access to the medical record held by your GP was not available; for example if you call the doctor out of hours. You will always be asked to give permission for this record to be viewed and you have the right to decline.

Please indicate below whether you would like to have your own Summary Care record by indicating your decision below. A full explanation of each choice follows.

### **My Decision**

### **Tick ONE**

- |  |                          |
|--|--------------------------|
| <b>1. I wish to have a Summary Care record containing my medications, allergies and adverse reactions or sensitivities to medications.</b> | <input type="checkbox"/> |
| <b>2. I wish to have a Summary Care record with the above plus additional important medical information held on my record.</b>             | <input type="checkbox"/> |
| <b>3. I do not wish to have a Summary Care record.</b>   | <input type="checkbox"/> |

1. A Summary Care record will be created for you from the details held on our GP clinical system and will contain:
  - a. any record we have of your current repeat medication, any acute medication (one-offs e.g. antibiotics) and any recently discontinued medication
  - b. any record we have of adverse reactions to medication
  - c. any record we have of your allergies
2. A Summary Care Record will be created for you containing the details itemised above in 1, PLUS important additional information you and your GP agree would be useful. (e.g. Diagnoses - Asthma, Diabetes etc., Pacemaker, End of life care etc.) Please discuss this with your GP practice at your next visit.
3. A note will be made in your records that you do not wish to have a Summary Care Record. Please note that if you attend A&E or if you need emergency treatment when the GP Practice is closed the clinicians treating you may not have access to key information to help them give you the most appropriate treatment

**Parent/Guardian (full name)**

**Relationship to child**

**DOB**


**Signed**

**Date**