

Lensfield Medical Practice

Child 0 -14 Yrs – New Patient Questionnaire

Please request an appointment if you wish to discuss any current issues – select the green appointments box on our website homescreen

Title..... Name.....Date of Birth (D/M/Y).....

Address in Cambridge

Telephone no: Home (in Cambridge).....Work.....

Previous Address.....

Next of Kin

Name..... Contact telephone number(s).....

Relationship to you.....

Parental Responsibility(1)

Name(s)..... Contact telephone number(s).....

Relationship to you.....

Parental Responsibility(2)

Name(s)..... Contact telephone number(s).....

Relationship to you.....

(please detail if additional contacts have parental responsibility)

Medication

If your child is taking any regular medication please see the doctor before it runs out and bring a list of your medication with you.

Please would you let us know which pharmacy you would like to use if and when your child needs a prescription.....

Allergies

Is your child allergic to any drugs, medicines or food? If so what and what effect did it have on them?.....

Immunisation History

Please supply dates **Childs age**

DTaP/Polio/Hib	Pneumococcal	Meningitis C
1 st	1 st	1 st
2 nd	2 nd	2 nd
3 rd	3 rd	3 rd

Hib/Men C booster

MMR 1 st 2 nd

DTaP/Polio (Preschool)

DT/Polio (13 – 18 years)

Any other vaccinations that your child has had:-

If you are not sure if your child is up to date, please speak to the Practice Nurses.

PATIENT ETHNIC ORIGIN QUESTIONNAIRE

This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act

Please indicate your ethnic origin. This is not compulsory, but may help with your health care. Some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

It is compulsory for us to have a record of your first spoken language, please specify in the section below.

Choose ONE section from A to E, and then tick ONE BOX

Name.....Date of birth (DD/MM/YY).....

Please specify your child's first spoken language

(if your child is not yet speaking please specify the parents first spoken language)

A White

<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Other – please specify

B Mixed

<input type="checkbox"/>	White & Black Caribbean
<input type="checkbox"/>	White & Black African
<input type="checkbox"/>	White & Asian
<input type="checkbox"/>	Other – please specify

C Asian or Asian British

<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Other – please specify

D Black or Black British

<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	White & Asian
<input type="checkbox"/>	Other – please specify

E Chinese or any other not already listed

<input type="checkbox"/>	Chinese
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<input type="checkbox"/>	Other – please specify
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SMS COMMUNICATIONS

We are improving our service to our patients by introducing SMS and e-mail communications. We are able to offer appointment reminders, test results, advise you of changes to our services and advertise events and promotions etc. If you would like to receive such information from us please complete the following.

Name	DOB	Address
I would like to receive information via text.	Mobile telephone number	
Comments		
I accept the term and conditions	Date	Signature

CONFIDENTIALITY - TERMS AND CONDITIONS

- 1) We do share your data with other health care providers only as part of your care.
- 2) Your IP (computer) address will be logged for security.
- 3) Any abuse of the system will not be tolerated.
- 4) LMP are all virus checked so that emails are not infected, but this cannot be guaranteed.
- 5.) As with any other information on the world wide web, email must not be considered secure.
- 6) Your email address will be stored by Lensfield Medical Practice as part of your secure confidential patient record, if you do not want us to store your address please let us know.
- 7.) In the future we may send you relevant information regarding your health (eg a patient newsletter, test results or appointment reminders) - we will not release your email to third parties. The internet is not secure, and the transmission of data to request medication is entirely at the patient's own risk. The practice accepts no responsibility for breaches in confidentiality resulting from patients' transmissions.