



Emis No.:

Billesdon Surgery

4 Market Place, Billesdon, Leicester, LE7 9AJ

Tel: 0116 2596206, Web: www.billesdonsurgery.co.uk

For children up to 16 years of age

Thank you for applying to join Billesdon Surgery. We would like to gather some information about you and ask that you fill in the following questionnaire. You don't have to supply answers to all of the questions but what you do fill in will help us give you the best possible care. **Please supply the child's birth certificate or a form of Identification with the completed form and proof of your home address (such as a recent bank statement or utility bill).**

Please complete all areas in **CAPITAL LETTERS** and tick the appropriate boxes. Please ensure you **SIGN** and **DATE** your form.

****YOU ARE REQUIRED TO FILL IN THE FIELDS MARKED WITH AN ASTERISK (*), FAILURE TO DO SO MAY DELAY YOUR REGISTRATION****

*Title:	*Surname:
*Any previous surname(s) (if applicable):	
* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intermediate <input type="checkbox"/> Unspecified	
*Town and country of birth:	
*Home telephone No.:	
*Mobile No. (if you have one):	

*First names:
*Date of Birth:
*NHS No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Home address & Postcode:
*Previous address & Postcode:
Email address:

*Previous GP Details (name and address):
*School that child is registered with:

*Is the child a looked after child? <input type="checkbox"/> Yes <input type="checkbox"/> No
A child who is being looked after by their local authority is known as a child in care . They might be living: with foster parents, at home with their parents under the supervision of social services or in residential children's homes .

Additional details about the child

I would describe the child's ethnic group as...	Child's main spoken language (E.g. English):
White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other White (please specify):	
Black <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black (please specify):	
Asian <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian (please specify):	
Mixed <input type="checkbox"/> White + Black Caribbean <input type="checkbox"/> White + African <input type="checkbox"/> White + Asian <input type="checkbox"/> Other mixed:	

Is the child a dependant of a current serving member of British Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Next Of Kin / Emergency contact

Is the contact named below authorised to discuss the child's medical record with us? Yes No

Name of Next Of Kin / Emergency contact:
--

Relationship to you:

Next Of Kin / Emergency contact telephone number(s):
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Next Of Kin / Emergency contact address (if different to above):
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Carers Information

A carer is a friend / family member who gives their time to support a person in their home, to an extent that the person could not remain at home if this care was not being provided. A carer can receive Carers Allowance (but not a wage) and the care they are giving will significantly affect their own life.

Is the child looked after or supported by someone who they couldn't manage without Yes No
 If yes, what is their name and contact number?
 Do you consent for your carer to be informed about the child's medical care? Yes No

Does the child look after or support someone who couldn't manage without them? Yes No
 If yes, do they look after someone who is a patient of Billesdon Surgery? Yes No Don't know
 If yes, what is their name:
 Are they a, Friend Relative Neighbour

Please detail any contact that the child has with other professionals such as health visitors and social workers:

Medical details

In order to continue to receive repeat medications the child will need an appointment with a GP at least one week before the child's next prescription is due.

*Is the child allergic to any medicines? Yes No (if yes please specify)

*List other allergies / intolerances (i.e pollen, animal hair or certain foods. Please mark "none" if the child has no other allergies that you know of) :

Has the child ever had any of the following conditions?

Epilepsy	<input type="checkbox"/> Yes	Year
High Blood Pressure	<input type="checkbox"/> Yes	Year
Heart Attack / Angina	<input type="checkbox"/> Yes	Year
Stroke / Mini-Stroke (TIA)	<input type="checkbox"/> Yes	Year
Cancer	<input type="checkbox"/> Yes	Year
Rheumatoid Arthritis	<input type="checkbox"/> Yes	Year

Mental Illness (inc Depression)	<input type="checkbox"/> Yes	Year
Diabetes (type 1 or type 2)	<input type="checkbox"/> Yes	Year
Asthma	<input type="checkbox"/> Yes	Year
COPD (or Emphysema)	<input type="checkbox"/> Yes	Year
Osteoporosis / Bone Fractures	<input type="checkbox"/> Yes	Year
Peripheral Vascular Disease	<input type="checkbox"/> Yes	Year

List any serious illnesses / operations / accidents / disabilities and the year they took place:

Does the child have a Family History of any of the following?

High Blood Pressure	<input type="checkbox"/> Yes	Who
Ischaemic Heart Disease Diagnosed aged >60 yrs	<input type="checkbox"/> Yes	Who
Ischaemic Heart Disease Diagnosed aged <60 yrs	<input type="checkbox"/> Yes	Who
Raised Cholesterol	<input type="checkbox"/> Yes	Who
Stroke / CVA	<input type="checkbox"/> Yes	Who
Asthma	<input type="checkbox"/> Yes	Who

DVT / Pulmonary Embolism	<input type="checkbox"/> Yes	Who
Breast Cancer	<input type="checkbox"/> Yes	Who
Any Cancer Specify type:	<input type="checkbox"/> Yes	Who
Thyroid disorder	<input type="checkbox"/> Yes	Who
Epilepsy	<input type="checkbox"/> Yes	Who
Osteoporosis	<input type="checkbox"/> Yes	Who

Please tell us about the child's smoking habits

Does the child smoke? Yes No
 If Yes, what do they primarily smoke:
 Cigarettes / Cigar / Pipe **(please circle)**
 How many do they smoke a day?
 Would you like advice on quitting? Yes No

Is the child an ex-smoker Yes No
 When did they quit?
 How many did they used to smoke a day?

Does your child exercise regularly? Yes No If yes, what exercise do you take and how often:

Data Sharing

Summary Care Record (SCR)

The SCR is a summary of your medical history that can be shared between healthcare staff treating patients in an emergency or out-of-hours with faster access to key clinical information. **More information can be found by visiting www.nhs.uk/scr**

Tick this box if wish to **opt-out** the child from the SCR

We may want to contact you via email, send appointment reminders to your mobile and leave messages on your answering machine, if you have one. Tick the following boxes if you **do not** wish to be contacted in this way

Email SMS Answering machine

Medical Interoperability Gateway (MIG)

Whilst the SCR mentioned above shares a very small portion of your medical record across the whole NHS, the MIG shares a much fuller view of your records but only with local NHS providers – and only when you give explicit consent at the point of care.

For more information please visit the “Bulletins” page on our website at www.billesdonsurgery.co.uk

Tick this box if you wish to **opt-out** the child from the MIG data sharing

The Accessible Information Standard (AIS)

Please use this space to tell us about any specific communication needs your child may have. i.e. needing information in large print or deafblind telephone contact. For further information please visit <https://www.england.nhs.uk/ourwork/accessibleinfo/>

NHS Organ Donor Registration

“I want to register my child’s details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death”. Please tick the boxes that apply.

Any of my organs and tissue or...
 Kidneys Heart Liver Corneas Lungs Pancreas

For more information, please visit the website www.uktransplant.org.uk or call 0300 123 23 23

Online Patient Access

Once the application for your child to join our practice has been accepted you’ll be able to order their repeat medications, book appointments and view certain aspects of your child’s medical record via the internet. This service is known as **Patient Access**.

To register for Patient Access please visit <https://patient.emisaccess.co.uk> to create your child’s account. This service is available to everyone with a valid email address.

When your child attains the age of 16 they will need to re-register themselves for this service.

In accordance with the Data Protection Act, the practice needs consent if you are happy for a 3rd party to collect prescriptions, test results and other medical information on your child’s behalf. Please complete this section if you would like to register a 3rd party.

I give consent for _____ to collect prescriptions on my child’s behalf (Please note that we are unable to hand out prescriptions to anyone under the age of 15)

I give consent for _____ to obtain test results / medical information / appointment information on my child’s behalf (Delete as appropriate)

IT IS YOUR RESPONSIBILITY TO ADVISE US OF ANY CHANGES TO THESE INSTRUCTIONS:

Signed: _____

Date: _____

Once your child is registered...

If there are any problems with your child's registration we'll contact you to clarify any issues, but once your child's details have been entered into our computerized records...

On-line Services

...You will be able to register your child with our on-line service provider (EMIS) and access appointments, prescriptions and some sections of your child's medical record via the internet. All of the details that you need for this are available on our practice website at www.billesdonsurgery.co.uk on the 'appointments' and 'prescriptions' pages.

New Patient Health-check

...Your child will be eligible for a new patient health-check with a Practice Nurse/Health Care Assistant. Contact reception if you should like to take this up.

Electronic Prescription Service (EPS)

... you will be able to nominate a pharmacy to collect your child's prescriptions from. EPS enables prescribers, such as GP's and practice nurses, to send prescriptions electronically to a pharmacy of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. If you have already nominated a pharmacy, please tell us which pharmacy you have chosen. For further information about this service please talk to your pharmacist of choice.

Please record any additional information about your child that you think is important for us to know

* SIGNED (on behalf of the child):

*Date / / /

FOR OFFICE USE ONLY

BIRTH CERT. SEEN Or ADDRESS ID SEEN TYPE: _____
Or RED BOOK SEEN