

John Tasker House and Felsted Surgeries

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New Patient Questionnaire for under 16s

Surname: Forename(s):

Date of Birth (dd/mm/yyyy): Gender:

Home Telephone: Mobile:

Please circle below your preferred choice of contact:

Text Phone Post

Details of the person filling in this form:

Surname: Forename(s):

Address:

Telephone:

What is your relationship to the child (e.g. Parent, Step Parent, Guardian or Foster Carer)?

.....

Is the child in a care home or fostered? Yes No

Does the child have a social worker? Yes No

If yes, please give their name and contact number

Parent(s)/Carer(s)

Name: Legal/Parental responsibility Yes No

Name: Legal/Parental responsibility Yes No

Immunisations

If this child has had any of the following immunisations please enter the date on which they were given.

	1 st	2 nd	3 rd	Pre-school Booster
Diphtheria, Tetanus, Pertussis, (DTP) Polio and HIB				
Pneumococcal				
Meningitis C				
Measles, Mumps and Rubella (MMR)				

If there any immunisations for which he/she is overdue, please inform the receptionist and make an appointment for the Practice Nurse to give the overdue immunisation.

If there are any immunisations you do not wish your child to have, please list them below. It would help us if you could give the reason for your decision

The Health Visitor (who can be contacted at Dunmow Clinic, New Street, Dunmow (telephone 01371 872346) or Practice Nurse will be happy to deal with any questions about immunisations.

Ethnicity

Having information about patients' ethnic groups would be helpful for the NHS so that it can plan and provide culturally appropriate and better services to meet patients' needs.

If you do not wish to provide this information you do not have to do so.

Please indicate your ethnic origin by ticking the below box:

British or mixed British		Pakistani	
Irish		Bangladeshi	
African		Chinese	
Caribbean		Other (Please state)	
Indian			

Main language

Which is this child's main language?

Does this child speak English?

If no, does this child need a translator?

Yes No

Carer status

Is this child a carer?

Yes No

If Yes, please give details of the person you care for including their name, relationship to you and whether they are a patient here too.....

Summary Care Record (SCR)

All patients registered with a GP have a SCR, unless they have chosen not to have one. Your Summary Care Record contains basic information about allergies, medications and any reactions that you have had to medication in the past.

You can choose to include additional information in your SCR such as your significant illnesses and health problems, operations and vaccinations, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.

By including this additional information in your SCR, health and care staff can give you better, safer care if you need it away from your usual GP practice:

- in an emergency
- when you're on holiday
- when your surgery is closed
- at out-patient clinics
- when you visit a pharmacy

I would like to include additional information in my Summary Care Record.

I DO NOT want to share any information with other healthcare professionals involved in my care. I wish to opt out of SCR.

For more information: Phone 0300 123 3020 or visit www.nhscarerecords.nhs.uk

If you have completed this on behalf of this child, please ensure that you provide your details below:

Name:

Relationship to the child:

Disabilities / Accessible Information Standards

Does this child have any special communication needs? Yes No

If yes, please state your needs below:

.....

Does this child have significant mobility issues?

Yes No

If yes, are they housebound?

Yes No

(Definition of housebound - A patient is unable to leave their home due to physical or psychological illness)

Is this child blind/partially sighted?

Yes No

Does this child have significant problems with your hearing?

Yes No

Family History and past medical history

Have any close relatives (parent or sibling only*) ever suffered from any of the following?

Condition	Yes	No	If Yes Relationship*
Heart Disease (Heart attack/Angina) Under the age of 60			
Heart Disease (Heart attack/Angina) Over the age of 60			
Stroke			
Diabetes			
High Blood Pressure			
Asthma			
Epilepsy			
Cancer			
Rheumatoid Arthritis			

Has this child ever suffered from any important medical illness, operation or admission to hospital? If so please enter details below:

Condition	Year diagnosed	Ongoing?

Allergies

Please list any drug or food allergies that this child has:

.....
.....
.....

Medications

Please provide a list of repeat medications:

.....
.....
.....

John Tasker House Surgery and Felsted Surgery

Practice Charter

At our surgery we aim to provide our patients with the best quality care available. Our charter is a statement of what you can expect from this practice and what we feel we can expect in return from you.

We will:

Treat you with respect and as an individual
Maintain confidentiality
Aim to respond to your needs efficiently and appropriately
Keep you informed of any changes that may affect you
Encourage comments and suggestions to help continually improve services

We ask that you:

Treat us with respect
Keep us informed of any changes that may affect us
Share responsibility for your own health

Vision

John Tasker House and Felsted surgeries aim to provide a high quality service that we would be happy for our friends and family to use.

Our values:

Patients come first
We have a positive attitude and response to any challenges
We listen to our patients and to each other
We provide continuity of care
We take responsibility and are accountable
We promote excellence through teaching and research
We continually improve
We balance individual's needs with wider clinical needs

Zero Tolerance

If a patient is violent or abusive towards any member of the practice team we shall remove them from our list in accordance with NHS policy.

Complaints

We will respond to any complaints fairly and efficiently according to the NHS complaints procedure.

Signature

Name

(If signing on behalf of a child)
Relationship to the Patient

How we use your medical records

Important information for patients

- This practice handles medical records in-line with laws on data protection and confidentiality.
- We share medical records with those who are involved in providing you with care and treatment.
- In some circumstances we will also share medical records for medical research, for example to find out more about why people get ill.
- We share information when the law requires us to do so, for example, to prevent infectious diseases from spreading or to check the care being provided to you is safe.
- Right of Access:
 - You have the right to have access to and to be given a copy of your medical record.
- Right to Restrict Processing:
 - You have the right to object to your medical records being shared with those who provide you with care.
 - You have the right to object to your information being used for medical research and to plan health services.
- Right to Rectification:
 - You have the right to have any mistakes corrected and to complain to the Information Commissioner's Office.
- Please see the practice privacy notice on the website or speak to a member of staff for more information about your rights.
- For more information ask at reception for a leaflet OR visit our website: www.jth.org.uk