

### **Questionnaire For Under 13's**

We would be grateful if you would complete this form to help us until you medical records are sent from your previous doctor's surgery. All information will be kept strictly confidential and handled with discretion.

Surname:				
Forenames:				
Date of birth:				
Address:				
Postcode:				
Contact Details:	Home tel: Mum's Mobile:			
	Dad's Mobile: Email:			
May we contact you by text message please tick the box.				
Does your child have any allergies? Yes No				
Details of allergy				
Does your child have a designated Social Worker? Yes No				
Name of Social W	Vorker			
Does your child have a Carer (this includes Parent Carers and Foster Carers) Yes 🗌 No				
Name of Carer				

Children under sixteen will automatically have a summary care record created for them unless a parent or guardian chooses to opt them out. Please see the additional information in your registration pack for details about Summary Care Records

### **New Patient Questionnaire**

If your child is taking any regular medication, you may need to book a routine appointment with your new Doctor.

Childhood Immunisations: If your child is under six will need to take a photocopy of your child's immunisation history from their red book. If you do not have this, please bring the book into the Practice at your earliest convenience.

The Practice is required by the Department of Health to record the ethnicity of all new patients:

White/Caucasian	Black other
Black African	Indian
Pakistani	Bangladeshi
Chinese	Other Ethnic Group
Black Caribbean	Mixed Race

You have a right to privacy under the General Data Protection Regulation 2016 (GDPR) and the Data Protection Act. The Practice needs your personal, sensitive and confidential data in order perform our statutory duties.

By signing this form you give the Practice permission to hold this information. Details of how we use your information are available in leaflet form from reception or our website.

Date: ..... Signature: .....

Office use only Copy of immunisations taken (red book) Parents advised to bring in red book for photocopying Given by Registered by Date Date





#### Your emergency care summary

**Dear Patient** 

### Summary Care Record – your emergency care summary

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

• Yes I would like a Summary Care Record –tick Yes and Summary Care Record will be created for you.

• No I do not want a Summary Care Record – tick no. Please complete the form and hand it to a member of the GP practice staff.

If you need more time to make your choice you should let your GP Practice know.

For more information, visit the website at **www.nhscarerecords.nhs.uk**, where you can find more detailed information or telephone the dedicated NHS Summary Care Record Information Line on **0300 123 3020.** 

Additional copies of the opt out form can be collected from the GP practice, printed from the website **www.nhscarerecords.nhs.uk** or requested from the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

# You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

# NHS SUMMARY CARE RECORD AND ADDITIONAL INFORMATION

Your SCR is a copy of key information held in your GP record. It provides authorised healthcare staff with faster, secure access to essential information when you need unplanned care or when your GP practice is closed.

Your SCR automatically contains important information about any allergies or medication. You can then add additional information such as:

- Long term health conditions such as asthma, diabetes etc
- Your relevant medical history, past procedures or ongoing care
- Your preferences such as dietary requirements
- Your personal preferences such as your religion
- Immunisations

Specific sensitive information such as fertility treatments, sexually transmitted infections etc <u>will not</u> be included unless you specifically request them to be.

The purpose of this is to ensure you receive the best care from the NHS.

The information will be maintained and updated automatically once you agree.

Name.....

Please choose from **one** of the three options below.

- 1) I do not want an SCR
- 2) I would like an SCR without additional information
- 3) I would like an SCR with additional information

The additional information I would like added is:

# **Care Data**

## What is Care Data?

The NHS wants to make sure you and your family has the best care now and in the future. Your health and adult social care information supports your individual care. It also helps the NHS to research, plan and improve health care services in England.







Learn more about diseases

Prevent serious illness

**Develop new treatments** 

Your confidential patient information provides numerous benefits. It is used in research to find cures and better treatments for diseases like diabetes and cancer. With your data, we are better able to develop and improve health and care services for the future Confidential patient information can also be used to plan health care services more effectively. The NHS and local authorities can plan where they need to provide further care services more efficiently. This helps to improve health and social care for you and your family.

The NHS collects health and care data from all NHS organisations, trusts and local authorities. Data is also collected from private organisations, such as private hospitals providing NHS funded care. Research bodies and organisations can request access to this data; these include pharmaceutical companies researching new treatments, medical royal colleges, university researchers and hospital researchers.

Most of the time, we use anonymised data for research and planning. So your confidential patient information isn't always needed. If you do opt out, data that does not identify you may still be used.

# Who can't use your data?

There are very strict rules on how your data can and cannot be used, and you have clear data rights.

Access to confidential patient information will **not** be given for:

- marketing purposes
- insurance purposes

(Unless you specifically request this)

## How your data is protected

Protection of your confidential patient information is taken very seriously and is looked after in accordance with good practice and the law.

Every organisation that provides health and care services will take every step to:

- ensure data remains secure
- use anonymised data whenever possible
- use confidential patient information to benefit health and care
- not use confidential patient information for marketing or insurance purposes (unless you specifically request this)
- make it clear why and how data is being used
- respect your decision if you decide to opt out
- only use information about you where allowed by the law

All NHS organisations must provide information on the type of data they collect and how it is used. Data release registers are published by NHS Digital and Public Health England, showing records of the data they have shared with other organisations.

### Manage your choice

The national data opt-out cannot be set through GP systems. Anyone registered with the NHS who has an NHS number can register an opt-out online <u>www.nhs.uk/your-nhs-data-matters</u> or via telephone: 0300 303 5678

If you decide to opt out, this will be respected and applied by NHS Digital and Public Health England. These organisations collect, process and release health and adult social care data on a national basis. Your decision will also be respected and applied by all other organisations that are responsible for health and care information by March 2020.

An opt-out will only apply to the health and care system in England. This does not apply to your health data where you have accessed health or care services outside of England, such as in Scotland and Wales.

If you choose to opt out, your data may still be used during some specific situations. For example, during an epidemic where there might be a risk to other people's health. You can change your mind at any time and opt in or out of sharing your confidential patient information.



### Application Form for under 13's to Use Online services

# We reserve the right to de-register anyone from using the online system if they regularly miss or cancel at short notice appointments.

Childs Name		
Door number and postcode		
Date of Birth		
Home Tel no:	_	
Mobile no:	_	
Email address		

#### If your child has regular medication please tell us where you would like to collect it from

Reception	<b>Boots (state location)</b>	
Jardines	Tesco (state location)	
Cox & Robinson	Other (name and location)	

• I understand that It is my responsibility to keep my account secure by keeping my details confidential

- I understand that I can terminate my account at any time by contacting the surgery, or change my log in details by reregistering and that this form will be kept on my electronic records
- I understand that my registration will be revoked if I constantly miss or cancel appointments

#### I have parental responsibility/Power of attorney

Name\_\_\_\_\_, Sign\_\_\_\_\_

Relationship to above \_\_\_\_\_

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By signing this form you give the Practice permission to hold this information. Details of how we use your information are available in leaflet form from reception or our website.

#### \*please complete one form per person.

May18/HJB G:MKVP New patient registration under 13

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