

Living Well Partnership

Health Status Form - Under 15s

OFFICE USE ONLY:

RECEPTIONIST INITIAL: _____ TODAY'S DATE: _____ PT I.D. NUMBER: _____

Please complete the form and return to the surgery with one form of ID and a copy of your repeat prescription from your previous surgery.

Please note: We cannot register a new baby without their NHS number

Have you been registered with this practice before? Yes No

Personal Details

Home Telephone:
Mobile Telephone:
Email:
Main Language:
Name of School:
Parent/Guardian 1: Name:
Address:
Relationship to child:
Home Number:
Mobile Telephone:

Next of Kin:
Relationship:
Contact Telephone:
Social Worker (if applicable):
Contact Telephone:
Parent/Guardian 2: Name:
Address:
Relationship to child:
Home Number:
Mobile Telephone:

Emergency Contacts:

Name	Relationship	Contact Number

Ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> Asian or Asian British - Bangladeshi | <input type="checkbox"/> Mixed - White/Asian |
| <input type="checkbox"/> Asian or Asian British - Indian | <input type="checkbox"/> Mixed - White/Black African |
| <input type="checkbox"/> Asian or Asian British - Pakistani | <input type="checkbox"/> Mixed - White/Black Caribbean |
| <input type="checkbox"/> Asian or Asian British - other background | <input type="checkbox"/> Mixed - any other mixed background |
| <input type="checkbox"/> Black or Black British - Caribbean | <input type="checkbox"/> White - British |
| <input type="checkbox"/> Black or Black British - African | <input type="checkbox"/> White - Irish |
| <input type="checkbox"/> Black or Black British - other background | <input type="checkbox"/> White - any other white background |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Any Other _____ |

If you have any special communication needs, please speak to a receptionist so that we can record this in your notes

Signature:

Consent

Electronic Record Sharing

This is consent to have your data shared confidentially with other healthcare professionals (Hampshire Healthcare Record)

Yes

No

Care.Data (Health and Social Care Information Centre)

Care.Data was established by NHS England and the Health and Social Care Information Centre to securely bring together health and social care information from different healthcare settings, such as GP practices, hospitals and care homes.

Dissent from secondary use of GP patient identifiable data

Yes

No

Dissent from disclosure of personal data by Health and Social Care Information Centre

Yes

No

Please ask at reception for an information leaflet

Health Status

Do you have any serious illness or have you had any operations ?

Please state condition and date if possible

Please list any regular medication with the dose you are taking and attach a copy of your repeat prescription form your previous surgery

Do you have any allergies—please give details

Childhood Immunisation History

Please indicate which immunisations your child has received by placing a tick in the appropriate box if dates are unknown.

Normally you would receive an invitation for your child to receive immunisations at the appropriate age. However, should you be concerned that your child has not received a completed schedule of immunisation or should you wish to discuss any aspect of the immunisation programme you may make an appointment to speak to the practice nurse, GP or health visitor

	Date	Date	Date	Date
Diphtheria, Tetanus, Whooping Cough, HIB & Polio				
Meningitis C				
MMR				
Diphtheria, Tetanus, Whooping Cough & Polio				
HIB Booster				
Hepatitis B				
Diphtheria, Tetanus and Polio				
BCG				
Other (please specify)				