

SUMMARY CARE RECORD

I would like my child to be opted into this service which allows access to their electronic health record when they need urgent treatment by someone other than their own GP. *Please refer to the enclosed leaflet for further information about this service.*

Yes

No

PRESCRIPTIONS: Wadhurst Medical Group can send prescriptions via an electronic system to your designated pharmacy. Would you like to sign up to the Electronic Prescription Service (EPS) for your child? If yes, please state the name and address of your **designated pharmacy** below and sign the declaration:

Yes

No

.....

I confirm I am happy for Wadhurst Medical Group to send my Child's prescriptions via EPS.

Signed (Parent / Guardian):.....

Date:.....

Please provide one document for your child from the following list:

OFFICE USE ONLY

- Passport
- Birth Certificate (including Parents names)

Checked	Signed

We thank you for your time.

Dr Andrew Blackburn
 Dr Alison Shaw
 Dr Claire Tickner
 Dr Jessa Morton
 Dr Peter Birtles
 Dr Charlotte Groom

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NEW PATIENT QUESTIONNAIRE FOR UNDER-13 YEARS OLD NOV 2019

Welcome to our practice! In order to record information about your child accurately, we would be grateful if you could complete this questionnaire.

SURNAME..... FORENAME(S).....

DATE OF BIRTH..... NHS NO. (IF KNOWN).....

TEL..... MOBILE.....

ADDRESS.....

POSTCODE.....

SPOKEN LANGUAGE.....

INTERPRETER REQUIRED (Y/N).....

NAME OF PARENTS / GUARDIANS.....

DOCTOR YOU ARE REGISTERING WITH.....

I understand that my named GP will be the same as my registered Doctor **Yes**

DATE..... SIGNED:.....

MEDICAL HISTORY

Any problems at birth:.....

 Any serious illnesses:.....

 Any operations:.....

 Any present medical problems:.....

 Any allergies:.....

 Any present medication:.....

 Under care of Hospital Doctor:.....

 Any family history of serious illness (Parents, Grandparents, Siblings, Aunts /
 Uncles):.....

 Ethnic Origin:.....

IMMUNISATIONS:

It is very important that we have these details if known:

	Diphtheria, Tetanus, Pertussis, Polio, Hib, Hep B (8,12&16 weeks) Pneumococcal (8&16 weeks), Rotavirus (8&12 weeks) Men B (8&16 weeks)
1 st at 8 weeks	Date:
2 nd at 12 weeks	Date:
3 rd at 16 weeks	Date:

At 1 year	Measles, Mumps and Rubella (MMR) Hib/Meningitis C Pneumococcal Meningitis B Date:
At 3 years 4 months or soon after	Diphtheria, Tetanus, Pertussis, Polio Measles, Mumps and Rubella (MMR) Date:
GIRLS At 12 -13 years	HPV Vaccines x 2 Date:
At 14 years (Please notify us once your child has had these vaccinations)	Diphtheria Tetanus Polio Meningitis ACWY Date: