
Summary Care Record

How will Summary Care Records help my child?

- Healthcare staff in other hospitals/medical services will have quicker access to information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had.
- This means they can provide you with safer care during an emergency, when your GP practice is closed or when you are away from home in another part of England

What do I do now?

If you are happy for us to make a Summary Care Record tick the box and we will automatically make one.

If you do not want us to make a Summary Care Record for you, please tick the box.

How will you protect my confidentiality?

By law, everyone working for us or on our behalf must respect your confidentiality and keep all information about you secure.

Where can I get more information?

For more information about Summary Care Records and your choices:

- Phone the Summary Care Record Information Line on 0300 123 3020
- Visit www.nhscarerecords.nhs.uk.

Kew Surgery



Dr Halina Obuchowicz

Associated GP's:

Dr Tony Newman & Dr Edward Todd

85 Town Lane
Kew
Southport
Tel: 01704 546800
Fax: 01704 540486

CHILD - NEW PATIENT QUESTIONNAIRE

Please note the following:

Please read the questions overleaf and complete as fully as possible. It may take several weeks until your child's records arrive at the Practice, therefore, we would be grateful if you could fill out the following information to continue your child's medical care

If appropriate, please make an appointment with our Practice Nurse for a 'New Patient Check' when you hand this form in to the reception.

If your child has any outstanding hospital appointments please advise the hospital that you have changed your doctor, name and address (if applicable).

For any other information on the Practice and the services offered please go to our website.

Kewsurgery-southport.nhs.uk

Please turnover to complete the form

Patient Details

Name.....

Date of Birth.....Landline Number.....

Mobile Number Email.....

Consent

| | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| Do you consent to us sending you TEXT MESSAGES? (These will include appointment reminders, feedback requests etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you consent to communication via EMAIL? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you consent to communication via LANDLINE/VOICEMAIL? | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|-------------------------------|--------------------|
| Parent (s)/Guardian(s) | Next of Kin |
| Name.....Relationship..... | Y/N |
| Name.....Relationship..... | Y/N |

Medication Allergies

Do you have any allergies to medication, if so please give details

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Does your child have any communication needs?

| | | | | |
|-------------|---------|-----------|-----------|----------|
| | | | | |
| Large print | Braille | Easy read | Via email | Deafness |

Ethnicity

| | | | |
|--|-------------------------------------|--|--------------------------|
| | Please tick most appropriate | | |
| | White British | | Indian |
| | Black Caribbean | | Chinese |
| | Black African | | Other Asian Ethnic Group |
| | Black, other, mixed origin | | Other Black ethnic group |
| | Other (please specify) | | |

Country of Birth.....

Main Language.....

Do you need an interpreter?.....

Summary Care Record

Please complete the section overleaf regarding your Childs Summary Care Record