

Brixton Hill Group Practice

PLEASE COMPLETE THE FOLLOWING IMMUNISATION DETAILS

	<u>DATE</u>	<u>WHERE GIVEN</u>		<u>NOT GIVEN</u>
1st DTaP/IPV/Hib	day/month/year <input style="width: 100px; height: 20px;" type="text"/>	G.P <input type="checkbox"/>	OTHER <input type="checkbox"/>	<input type="checkbox"/>
1 ST PNEUMOCOCCAL (due at 2 months)	day/month/year <input style="width: 100px; height: 20px;" type="text"/>	G.P <input type="checkbox"/>	OTHER <input type="checkbox"/>	<input type="checkbox"/>
1 st Rotavirus	day/month/year <input style="width: 100px; height: 20px;" type="text"/>	G.P <input type="checkbox"/>	OTHER <input type="checkbox"/>	<input type="checkbox"/>
2 ND DTaP/IPV/Hib	day/month/year <input style="width: 100px; height: 20px;" type="text"/>	G.P <input type="checkbox"/>	OTHER <input type="checkbox"/>	<input type="checkbox"/>
1 ST MenC (due at 3 months)	day/month/year <input style="width: 100px; height: 20px;" type="text"/>	G.P <input type="checkbox"/>	OTHER <input type="checkbox"/>	<input type="checkbox"/>
2 nd Rotavirus	day/month/year <input style="width: 100px; height: 20px;" type="text"/>	G.P <input type="checkbox"/>	OTHER <input type="checkbox"/>	<input type="checkbox"/>
3 RD DTaP/IPV/Hib	day/month/year <input style="width: 100px; height: 20px;" type="text"/>	G.P <input type="checkbox"/>	OTHER <input type="checkbox"/>	<input type="checkbox"/>
2 ND PNEUMOCOCCAL (due at 4 months)	day/month/year <input style="width: 100px; height: 20px;" type="text"/>	G.P <input type="checkbox"/>	OTHER <input type="checkbox"/>	<input type="checkbox"/>
2 nd MenC (If born before 1.6.2013)	day/month/year <input style="width: 100px; height: 20px;" type="text"/>	G.P <input type="checkbox"/>	OTHER <input type="checkbox"/>	<input type="checkbox"/>
HIB/MenC (due at 12 months)	day/month/year <input style="width: 100px; height: 20px;" type="text"/>	G.P <input type="checkbox"/>	OTHER <input type="checkbox"/>	<input type="checkbox"/>
MMR (1)	day/month/year <input style="width: 100px; height: 20px;" type="text"/>	G.P <input type="checkbox"/>	OTHER <input type="checkbox"/>	<input type="checkbox"/>
PNEUMOCOCCAL (due at 13 months)	day/month/year <input style="width: 100px; height: 20px;" type="text"/>	G.P <input type="checkbox"/>	OTHER <input type="checkbox"/>	<input type="checkbox"/>
PRESCHOOL BOOSTER DTaP/IPV/Hib	day/month/year <input style="width: 100px; height: 20px;" type="text"/>	G.P. <input type="checkbox"/>	OTHER <input type="checkbox"/>	<input type="checkbox"/>
2 ND MMR	day/month/year <input style="width: 100px; height: 20px;" type="text"/>	G.P <input type="checkbox"/>	OTHER <input type="checkbox"/>	<input type="checkbox"/>
<p>IF YOU HAVE NOT GIVEN CONSENT TO ONE OR MORE OF THE ABOVE IMMUNISATIONS PLEASE GIVE DETAILS:</p> <p>.....</p> <p>.....</p> <p>SIGNATURE OF PARENT/GUARDIAN:..... DATE:.....</p>				

FIRST NAME(S)

SURNAME..... DATE OF BIRTH.....

SEX: MALE FEMALE

ADDRESS:.....

..... POST CODE.....

NHS NO:..... TELEPHONE NO:.....

PREVIOUS ADDRESS:.....
(Last UK address where registered with a G.P)

..... POST CODE:

NAME AND ADDRESS OF PREVIOUS G.P.

..... POST CODE:

PLACE OF BIRTH: (Town/Borough and Country)

DATE CHILD FIRST CAME TO LIVE IN U.K.

IF PREVIOUSLY RESIDENT IN THIS COUNTRY DATE CHILD LEFT :

MOTHER'S NAME

MOTHER LIVING AT THE SAME ADDRESS: YES NO

MOTHER REGISTERED AT THIS SURGERY: YES NO

FATHER'S NAME:

FATHER LIVING AT THE SAME ADDRESS: YES NO

FATHER REGISTERED AT THIS SURGERY: YES NO

PLEASE COMPLETE THE HOUSEHOLD MEMBERS FORM ON THE LAST PAGE

IS PRIMARY CARER MOTHER/FATHER/BOTH/OTHER (please circle one):

IF OTHER PLEASE GIVE DETAILS:

NAME AND ADDRESS OF SCHOOL CHILD ATTENDS:

(If applicable)

TO BE COMPLETED BY RECEPTION STAFF ONLY:

Proof seen: Child:-----Parent-----

Copies taken Initials-----

Patient allocated & informed of named accountable GP (9NN60 & 67DJ) Usual P.....

Childs Name.....

Please list **ALL** other people living in household:

Name	Relationship to child i.e. brother, sister etc.

ETHNICITY FORM FOR CHILDREN 0-6 YEARS OLD

If you need any help to fill in this form, please feel free to ask the receptionist.

Dear parent, This is a national policy being implemented in our area

By answering the questions on this form you will be helping us to deliver better services to you as an individual. It is hoped that this will give us a better picture of the local population, which will help in planning new services and changing existing ones.

We encourage all patients to complete this form; this will help us to improve the health service for the whole community.

The information you provide will be treated in the strictest confidence. Information you give will be treated in the same way as any other information we hold within the health service and will not breach the Data Protection Act. As has always been the case, no names or other identifying details are released from the practice when information is used for health service planning.

FIRST NAME.....SURNAME.....

Please tick this box ONLY if you do not wish to fill in this form. This will not affect the healthcare you receive.

WHAT DO YOU CONSIDER TO BE YOUR CHILD'S NATIONAL IDENTITY?.....

WHAT IS YOUR CHILD'S COUNTRY OF BIRTH?.....

WHAT WILL BE /IS YOUR CHILD'S MAIN SPOKEN LANGUAGE?.....

WHAT LANGUAGE WILL/DOES YOUR CHILD PREFER TO READ?.....

WILL/CAN YOUR CHILD READ ENGLISH? YES NO

WHAT WILL BE/IS YOUR CHILD'S RELIGION? Please write in or tick the box if this question does not apply to your child.

RELIGION..... Religion none

Please tell us your child's ethnic group. Please choose **one section only from A to E**. In that section ✓ tick the most relevant box. If you ✓ tick a box marked **other**, please write your child's ethnic group in the space given.

(a) Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Other Asian background

Please tick and write in below

.....

(b) Black or Black British

- African
- Caribbean
- Any other Black background

Please tick and write in below

.....

(c) Chinese or Other Ethnic Groups

- Chinese
- White & Black Caribbean
- Any other mixed background
- White & Black African

Please tick and write in below

.....

(d) Mixed Background

- White & Asian
- White & Black African
- White & Black Caribbean
- Any other mixed background

Please tick and write in below

.....

(e) White

- British
- Irish
- Any other White background

Please tick and write in below

.....

The information you have provided will be treated in the strictest confidence and will not breach The Data Protection Act

For Parent/Carer to fill out on behalf of Child

INFORMATION SHARING

SUMMARY CARE RECORD DATA SHARING

Your doctor may have to share information with other health care providers in order to make sure that you receive the relevant treatment when you need it. In order to do this, could you please indicate below that you are happy for other healthcare professionals to have access to your data via the Summary Care Record.

I consent to my data being uploaded to the SCR system (9Ndm)

I do not consent to my data being uploaded to the SCR system (9Ndo)

For further information please visit www.nhscarerecords.nhs.uk

LOCAL CARE RECORD DATA SHARING

To enable information to be shared more quickly and to improve care patients received *locally*, a new process has been put in place in Southwark and Lambeth. This will join-up care records from local hospital organisations (Guys & St. Thomas', King's College Hospital, and South London and Maudsley NHS Foundation Trust) with GP Practice information through existing computer systems. It is called the **Local Care Record**.

It allows practice staff to view certain details in the hospital record and vice versa. Information such as medication and discharge summaries – NOT CONSULTATION NOTES OR FREE TEXT. It is no different to staff sending and receiving paper documentation as they do now, it is just quicker.

Information is only shared when it is needed to make care and treatment safer, easier and faster and is shared only with those people directly involved in the patients care.

If you would like to opt-out for this, please ask at reception for a **Local Care Record Opt-out Form**