

Lilliput Surgery New Patient Questionnaire – under 16

Welcome to The Lilliput Surgery. To accurately register a patient who is under 16 at the surgery please **fully complete** this questionnaire and the purple GMS1 form. No proof of ID is required for a patient under 16, however, they will need to register with their parent or guardian who will be required to provide ID. All information provided is treated in the strictest confidence. Thank You.

PERSONAL DETAILS OF PATIENT UNDER 16 YEARS OF AGE	
Title	
Surname	
Forename	
Middle Name(s)	
Date of Birth	
NHS Number	
Gender	
Ethnicity	<input type="checkbox"/> British <input type="checkbox"/> African <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Caribbean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Irish <input type="checkbox"/> Other White <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Black <input type="checkbox"/> Other Mixed <input type="checkbox"/> White Asian <input type="checkbox"/> Pakistani <input type="checkbox"/> W&B African <input type="checkbox"/> W&B Caribbean <input type="checkbox"/> Refuse to Divulge
Main Language	
Interpreter Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOME ADDRESS	
House Name\Flat Number	
Number & Street	
Locality	
Town	
County	Post Code
Name of School	

CONTACT DETAILS – THESE SHOULD BELONG TO THE PARENT/GUARDIAN OF THE PERSON REGISTERED ON THIS FORM, ESPECIALLY MOBILE NUMBERS – PLEASE STATE WHOSE NUMBER YOU ARE PROVIDING	
Home Telephone (Preferred Number yes/no)	
Mobile Telephone (Preferred Number yes/no)	

PATIENT CONTACTS	
Next of Kin	
Relationship	
Telephone Number	

Medical History: Please list all current or past illnesses/operations including dates where possible:

- Asthma Diabetes Epilepsy
 Hypothyroidism
 Other (please state):.....

Does the patient have any Allergies? (eg. antibiotics, food, bee sting, latex) YES NO
 If Yes please state:

Weight (st\lbs or Kgs)		Height (feet or metres)	
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For online services – a patient who is under 16 can be added to the login of the proven parent or guardian, until the patient is 16. If you would like the surgery to arrange this please indicate here Yes No

Please note that before we can arrange this the parent or guardian will need to register themselves for online services by collecting their user name and ID from the surgery one week after their forms are submitted. Once registered, the under 16 can then be added.

Electronic Prescription Service: The practice can send your prescription to any pharmacy electronically. If you have previously nominated a pharmacy in another area and you now wish to change to a local pharmacy, please inform us of your preferred pharmacy here:

Do you have any additional communication needs that you need extra help with? Yes No

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If any of the details on this form change in the future please inform us. In accordance with the Data Protection Act, the Practice needs consent from any Patient for us to leave a message, send a text or information regarding their medical treatment. By providing the information on this form you are consenting to be contacted about your medical needs. The Lilliput Surgery uses SystmOne Clinical software. This enables us to share your record with other NHS organisations who are involved in your healthcare. To opt out of sharing, or if you wish to opt out of having a Summary Care Record, please speak to the receptionist or advise us in writing.

Name of patient: _____ **Date of Birth** _____
(printed)

Signed on behalf _____ **Date** _____
of patient

Name of _____ **Relationship to** _____
signatory **patient**

For surgery use only for a patient under 16

Items required for Registration	Receptionist ID	Items required for Registration	Receptionist ID
Nominated Pharmacy?		Online Services?	