

QUEENS ROAD MEDICAL PRACTICE

NEW PATIENT APPLICATION FORM (under 16 yrs)

Evolution Number:

Appointment:.....

SURNAME..... Miss/Master

FORENAMES..... DATE OF BIRTH.....

USUALLY KNOWN AS.....

ADDRESS.....

.....

POSTCODE

HOME TELEPHONE..... MOBILE TELEPHONE

(If you **DO NOT** want to receive appointment text reminders on this mobile telephone please sign here.....)

Parent's mobile telephone numbers will only be recorded on children's records for texting purposes between the age of birth and 12 years of age as per Practice Protocol.

EMAIL ADDRESS

ETHNIC ORIGIN/LANGUAGE

MOTHER'S FULL NAME.....

FATHER'S FULL NAME.....

PRIVATE MEDICAL INSURANCE DETAILS

DO YOU HAVE PRIVATE HEALTH INSURANCE: YES/NO INSURANCE COMPANY:

POLICY NUMBER.....

MEMBERSHIP NUMBER

CUSTOMER NUMBER

START DATE OF INSURANCE.....

SOCIAL INSURANCE NO.....

When attending the first consultation your child should please provide a urine specimen. Please ask receptionist for a specimen bottle.

Declaration by Parent / Guardian:

I understand that the Practice has the right to accept or decline this application.

I agree to pay for all treatment given to my child by the Practice. *Full details of pricing available from reception or on our website www.eqrmp.com*

I agree that the Practice may disclose personal details and details of medical records regarding my child to all those involved in providing healthcare and related services both inside and outside the Practice.

I give my permission to the Practice to request information from my child's previous doctor and I agree to meet reasonable charges relating thereto.

Your details will be stored and used as per our Privacy Notice (attached to this form)

This can also be viewed on our website at www.eqrmp.com or copies are available on request at reception.

SIGNED.....

DATE.....

NAME

RELATIONSHIP TO CHILD.....

Please supply photographic proof of identity for your child (passport/birth certificate, etc)

NEXT OF KIN DETAILS

NAME..... RELATIONSHIP.....
ADDRESS..... HOME TELEPHONE
..... MOBILE NUMBER.....
..... WORK TELEPHONE

PREVIOUS DOCTOR

NAME..... TELEPHONE
ADDRESS.....
WHICH DOCTOR WOULD YOU LIKE TO BE REGISTERED WITH ?.....
IF YOU HAVE MOVED TO GUERNSEY IN THE LAST YEAR PLEASE STATE:
DATE OF ARRIVAL..... INTENDED LENGTH OF STAY.....
PREVIOUS ADDRESS.....
.....

HOW DID YOU HEAR ABOUT OUR PRACTICE? (please delete as appropriate)

PRACTICE WEBSITE / BEST OF GUERNSEY WEBSITE / PERSONAL RECOMMENDATION / OTHER

Ethnicity	<u>White</u>	<u>Asian/Asian British</u>	<u>Black/Black British</u>	<u>Chinese/Other</u>
	British <input type="checkbox"/>	Indian <input type="checkbox"/>	African <input type="checkbox"/>	<u>Ethnic group</u>
	Irish <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
	Other <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Mixed White/Black African <input type="checkbox"/>	Other <input type="checkbox"/>
		Mixed White/Asian <input type="checkbox"/>	Mixed White/Caribbean <input type="checkbox"/>	
	<u>Eastern European</u>	Polish <input type="checkbox"/>	Latvian <input type="checkbox"/>	Other <input type="checkbox"/>
	<u>Portuguese/Madeiran</u>	<input type="checkbox"/>		

Country of Birth: _____

Main Language Spoken: _____

Religion.....

Has your child ever been registered here before? Yes / No

Has your child seen a doctor or attended an A+E Dept within the last 12 months? If so, please give details.

Please list **all** previous addresses your child has lived at and give dates (continue over the page if required)

Please list **all** GP surgeries your child has been registered with and give dates (continue over the page if required)

Does your child have or ever had any of the following?

	Yes	No		Yes	No
1.Asthma			7.Bowel or stomach problems		
2.Epilepsy			8.Kidney or bladder problems		
3.Diabetes			9.Skin problems		
4.Faints or blackouts			10.Any operation/surgical procedure		
5.Ear, nose or throat problems			11. Visual or hearing impairment		
6.Eye problems			12.Allergy to medication/food/other		

If you have answered Yes to any of the above, please give details with dates (if applicable)

Please enter details of any immunisation/vaccination that your child has received:

[illegible]

Guidelines for Childhood Vaccination Schedule – full details of children’s immunisation are available in the patient held “green book”:

2 months:	Diphtheria, Tetanus, Pertussis, Polio, HIB, Pneumococcal
3 months:	Diphtheria, Tetanus, Pertussis, Polio, HIB, Meningitis C
4 months:	Diphtheria, Tetanus, Pertussis, Polio, HIB, Meningitis C, Pneumococcal
12 months:	HIB, Meningitis C,
13 months:	Measles, Mumps, Rubella (MMR), Pneumococcal
3yrs 4 months to 5 years:	Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella (MMR)
13-14 years: (females only)	HPV vaccine (3 doses)
13 to 18 years:	Diphtheria, Tetanus, Polio

FAMILY HISTORY

Do you or your child’s brothers or sisters have any of the following?

(**M**-mother, **F**-father, **B**-brother, **S**-sister)

	Yes	Who/age		Yes	Who/age
Diabetes			Bowel cancer		
Asthma			Breast cancer		
High blood pressure			Ovarian cancer		
Heart attack			Any other condition		Please specify below
Epilepsy			Family history not known – adopted		

Is your child taking any medication prescribed by a doctor/specialist? If so, please give name and dose:

Please enter any other information concerning your child’s health that you feel may be useful to your doctor.

Practice use only:

Original details taken by..... Appointment made.....

Account number.....

Doctor seen..... Checked in by.....

Paid/Bill

Photographic ID checked by..... Date.....

Letter PMH/Accept Accepted by Doctor..... Date.....

QUEENS ROAD MEDICAL PRACTICE

Patient Privacy Notice

Queens Road Medical Practice provides a range of medical services and as such, we use information about our patients to provide them with the best possible health care. We take the privacy and rights of our patients very seriously. The policy detailed below outlines how we use your data and contact information should you require any further information.

What information do we collect?

Most of the data we hold is about our patients' health and medical conditions and this is considered 'special category data', generally collected from the patient themselves, or other healthcare professionals.

How do we use this information?

We collect and use this data to provide our patients with the best possible medical care. This is in accordance with local law, which allows for the processing of data "for health and social care purposes undertaken by a health professional."

We may also use this data for other reasons: for example, to see that the Practice runs efficiently, plans, trains its staff, receives monies due and can account for its actions. Information may also be needed to help educate tomorrow's clinical staff and to carry out medical and other health research for the benefit of everyone. This is in accordance with local law, which allows the processing of data for legitimate interests.

We will only share this data for direct medical care purposes, for example, referral to a specialist or for Island agreed screening programmes. Very rarely, if we feel there is an overriding public interest, for example people's lives are at risk, we may share information with Police.

Does your information go elsewhere?

To function efficiently as an organisation, we use other companies ('data processors') to fulfil certain obligations. For example, we outsource the secure destruction of data no longer required to another company. In all instances, these 'data processors' are vetted to ensure they also comply with the current regulations. The Practice Policy for retaining data is in line with NHS UK guidance - the length of time records are kept for depends on the details within the medical history.

Access to your information:

You have the right to request a copy of the information that we hold about you. Please use the contact details below to do so.

We need to make sure that your personal information is accurate and up to date, please inform us of any changes you think we should be aware of. You may also ask us to correct or remove information you think is inaccurate.

Changes to our privacy policy:

We keep our privacy policy under regular review and we will place any updates on our website. This privacy policy was last updated on 23rd May 2018.

How to contact us:

Please contact us if you have any questions about our privacy policy or information we hold about you:

Email: admin@eqrmp.com Phone: 01481 724184

The Practice lead for Data Protection is Dr Charis Cassells, chariscassells@eqrmp.com.

Supervisory Authority:

Should you have an issue regarding data protection that you do not feel able to raise with us directly, you are entitled to contact The Office of the Data Protection Commissioner on 01481 742074.