



Queen Square Medical Practice

2 Queen Square | Lancaster | Lancashire | LA1 1RP
 ☎ 01524 843333 | ✉ mbccg.queensquare@nhs.net

Under 16s New Patient Questionnaire

Personal Details of Child (UNDER 16s)			
Title		Child's Forename(s)	
Child's Surname		Address (including postcode)	
Date of Birth			
NHS Number			
Home Tel. No.			
Mobile Tel. No.			
We use SMS messages for appointment reminders and other health related messages		Would you like us to contact you via SMS messages?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Email			
Providing your email address indicates you are happy for the Practice to contact you via this method			

Parent's Details	
Who has parental responsibility/is primary carer?	
Mother's Name	
Mother's Date of Birth	
Mother's Address (if different from child)	
Father's Name	
Father's Date of Birth	
Father's Address (if different from child)	

Main Spoken Language	English <input type="checkbox"/>	Other (please state) <input type="checkbox"/>
Do you require communication assistance?		
Large Print <input type="checkbox"/>	British Sign Language <input type="checkbox"/>	Interpreter <input type="checkbox"/>
<i>If an interpreter is necessary, please inform us each time you book an appointment</i>		

Present School (if applicable)	
Previous School (if applicable)	
School Nurse (if applicable)	
Health Visitor (if applicable)	
Previous General Practitioner (if applicable)	



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Allergies		
Does your child have any allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Allergic to:	Details of the reaction	

Health details
Please list any serious illness / operations / accidents / ongoing medical conditions / disabilities and the year they occurred.

Immunisations			
Please provide us with a copy of your child's red book or immunisation history. If this is not available, please complete the form below:			
Immunisation	Date	Immunisation	Date
1 st DTP/Polio/Hib		1 st Men B	
2 nd DTP/Polio/Hib		2 nd Men B	
3 rd DTP/Polio/Hib		3 rd Men B	
1 st PCV		Hep B	
2 nd PCV		MMR	
Menitorix (Hib/Men C)		2 nd MMR	
3 rd PCV		Men C	
1 st HPV		2 nd HPV (+3 rd if applicable)	
Preschool (DTP/IPV)		COVID-19 Vaccination	
Other: _____			
Were these given at a GP Practice?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	OVERSEAS <input type="checkbox"/>

Repeat Medication		
Is your child on any repeat medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered yes to the above question, you will need to make an appointment to see either an Advanced Pharmacist Practitioner or a GP to obtain the next prescription.		



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Ethnicity – How would you describe your child's ethnicity?						
White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Gypsy or Irish Traveller <input type="checkbox"/>	Other White <input type="checkbox"/>		
Asian	Asian British <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Other <input type="checkbox"/>	
Black	Black British <input type="checkbox"/>	African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Other <input type="checkbox"/>		
Mixed	Asian & White <input type="checkbox"/>	Asian & Black <input type="checkbox"/>	Asian & Caribbean <input type="checkbox"/>	White African <input type="checkbox"/>	White Caribbean <input type="checkbox"/>	
Other	Chinese <input type="checkbox"/>	Japanese <input type="checkbox"/>	Middle Eastern <input type="checkbox"/>	Turkish <input type="checkbox"/>		
	Other <input type="checkbox"/> please give details _____			Prefer not to say <input type="checkbox"/>		

Family History – Have any of your immediate relatives (brothers/sisters/parent) had any of the following? Please tick boxes and give details if possible			
		Details	Relationship
Heart attack or angina before aged 60	<input type="checkbox"/>		
Heart attack or angina over aged 60	<input type="checkbox"/>		
High Blood Pressure	<input type="checkbox"/>		
Asthma	<input type="checkbox"/>		
Diabetes	<input type="checkbox"/>		
Stroke	<input type="checkbox"/>		
Cancer	<input type="checkbox"/>		
Any inherited disease	<input type="checkbox"/>		

Is there anything else you feel we should know about your child's health?

Diet		
Does your child's diet normally include:		
Daily Fruit & Veg?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Snacks and Fast Food?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Regular Fries/Chips?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Restrictions? (Specify)		



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Sharing your Data for anything other than our Personal Care & The National Data Opt-out

Patients' personal confidential data is extracted and shared with NHS Digital in order to support vital health and care planning and research. Further information can be found by visiting the NHS Digital website: <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/general-practice-data-for-planning-and-research>

Patients may opt out of having their information shared for Planning or Research by applying a National Data Opt Out and/or a Type 1 Opt Out. For more information, please see our website or go to <https://www.nhs.uk/your-nhs-data-matters/>

Type 1 Opt-out (Opting out of NHS Digital collecting your data)

Complete the type 1 opt-out form on our website: <https://www.queensquare.org/website/P81013/files/Type%201%20Opt%20Out.pdf> and post to the surgery or email to us at mbccg.queensquare@nhs.net

You can:

- register a Type 1 Opt-out, for yourself or for a dependent (if you are the parent or legal guardian of the patient) (to Opt-out)
- withdraw an existing Type 1 Opt-out, for yourself or a dependent (if you are the parent or legal guardian of the patient) if you have changed your preference (Opt-in)

National Data Opt-out (opting out of NHS Digital sharing your data with other organisations)

You will need to either:

1. **Go to the website:** <https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/> It will be useful to have your NHS no and an up to date email address or mobile phone number in your GP record which will be used to identify you.
2. **By Phone:** Call the NHS Digital Contact Centre on 0300 303 5678, Available Monday to Friday between 9am and 5pm (excl Bank Holidays)
3. **By Post:** A form is available to download from https://assets.nhs.uk/prod/documents/Manage_your_choice_1.1.pdf which you can complete & return to them by Post.

You can also make or change a choice for your children under the age of 13 or for someone you can legally make decisions for (You must have legal authority to make a choice for someone else, eg by Power of Attorney).

These are both done by post, you can download the forms at <https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/other-ways-to-manage-your-choice/> but you will need to arrange to do this.

The practice is not able to process your National data opt-out for you.

Please ask the Receptionist for the "Your Data Matters to the NHS" leaflet for further information or go online.

Thank you for completing this questionnaire, please hand in to reception.

For Office Use Only					
Reception Staff to Complete					
Date Received		Staff Initials		New Patient Appt needed	YES/NO
Admin Staff to Complete					
Date Added		EMIS No:		Registered GP:	
Template Updated	YES/NO	SMS: YES/NO	E-Mail: YES/NO	SCR	YES/NO
Audit Score		Letter sent	YES/NO	Staff initials	