



Stonefield Street Surgery
 Stonefield Street, Milnrow, Rochdale. OL16 4JQ
 www.stonefieldstreetsurgery.co.uk
01706 646234



New patient questionnaire for under 18's

Please complete the following questionnaire as fully as possible.

We hold your patient records in the strictest confidence, regardless of whether they are electronic or on paper. We take all reasonable precautions to prevent unauthorised access to your records, however they are stored. Any information that may identify you is only shared with the practice team, or, if you are referred to hospital, to the clinician who will be treating you.

We will only share information about you with anyone else if you give your permission in writing.

Title	Master	Miss	Full Name				
DOB	/	/	Gender	Male	Female	Previous surname (if applicable)	
Address							
						Postcode	
Previous Address			If previously registered with another practice				
						Postcode	
Parent/Guardian Details							
We are unable to register any patient under the age of 18 where their parent/guardian is not also registered.							
Parent / Guardian Name			Relationship to patient				
Home Tel no		Mobile Tel no					
Email Address							
Preferred method of communication		Mob	Home	Letter	Email		
Are you happy to receive text messages from the practice? (appointment reminders etc)						YES	NO
Emergency Contact							
Emergency Contact - as above?		Yes	No				
Emergency Contact Name							
Relationship to patient							
Address							
						Telephone Number	

Ethnic Group			
Black or Black British - African		Mixed White / Asian	
Black or Black British - Caribbean		Other Asian	
British Bangladeshi		Other Black/Black British	
British Indian		Other Mixed Background	
British Pakistani		Other White	
Chinese		White Asian	
Mixed White/Black African		White British	
Mixed White/Black Caribbean		White Irish	
Other		Please Specify	

If your first language is not English - please state your first language									
Do you require an interpreter when consulting with a health professional?						Yes		No	

School/Nursery Name (if applicable)			
School/Nurse Address			

For new patients under the age of 18 we require a list of all household members at home address		
Name	DOB / Age	Relationship

Are you a Carer? (Someone who is looking after a family member, partner or friend who needs help because of illness, frailty or disability and not being paid for this)			
YES (I am a carer)		Who are you caring for?	
		NO (I am not a carer)	

Do you have a carer?	YES		NO	
Name of carer				
Carers telephone number		Relationship to you		

Practice - Patient Communication						
Do you have any specific communication needs? E.g.Large font/sign language...			YES		NO	
Please state your requirements						

Past Medical History

Please tick if you have a history of any of the following

Asthma		Hypothyroidism	
COPD		Diabetes (type1)	
High Blood Pressure		Diabetes (type2)	
Heart Conditions		Kidney Failure	
Atrial Fibrillation		Mental Health Problem	
Stroke/TIA		Cancer	
Angina		Epilepsy	

Please give details of any operations or hospital admissions

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Family History

Please give details of any significant family history i.e. Heart Disease, Stroke, Diabetes etc.)

Relative (e.g. Parent/Cousin etc.)	Condition (e.g. Diabetes, stroke)	Age at onset of condition	Comments

Do you have any allergies?

YES NO

If yes please list below

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Are you currently on any prescribed medication?

YES NO If you have answered **YES** to the above you must bring in either a copy of your current repeat prescription, a list of your current medication from your last GP (either a repeat prescription sheet or on letter headed paper.**Failure to do this may delay our ability to prescribe you with your repeat medications.****Patient Online Access Services**

Patients who are over the age of 14 years at the time of registration will automatically be issued with Online Access registration details via email. This will enable online access to appointment bookings, cancellations and repeat prescriptions.

Please provide an email address for your registration details to be sent to if you have not already done so on page 1.

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When a patient reaches their 14th birthday they will be able to register for online services, this can be done via our website (<http://www.stonefieldstreetsurgery.co.uk>) or by completing the registration form which can be collected from our reception desk.**If you would like access to your medical records/history, please ask at reception for an application form.****Prescription Requests for Repeat Medications**Requests for repeat medications may be made via online services (if patient is over 14 years) via our prescription ordering service on our website(<http://www.stonefieldstreetsurgery.co.uk>), in writing and placed in the red prescription boxes in reception, or via your nominated chemist.Repeat Prescription will be available after **48hours**

Zero Tolerance Policy

The Practice operates a Zero Tolerance policy for the protection and safety of our staff, patients and visitors.

Thank you for taking the time to complete this form. Stonefield Street Surgery strives to provide high quality health care by working closely with our patients to ensure their optimal health. We expect our patients to take some responsibility for their own health care, which includes keeping booked appointments and attending for reviews. By signing this form you agree to be bound by the rules of our surgery.

I confirm that the details I have given in this form are true and correct. I understand my responsibilities to the surgery.

(We only require a signature from patients over the age of 14)

Name (patient)		Name (Parent/Guardian)	
Signature (patient)		Signature (Parent/Guardian)	
Date (patient)		Date (Parent/Guardian)	