SUMMERTOWN HEALTH CENTRE
160 Banbury Road, Oxford, OX2 7BS www.summertownhealthcentre.co.uk
Tel: 01865 515552 Fax 01865 311237

For surgery use only

Rec'd by _____

EMIS no _____

Reg by _____

CHILD REGISTRATION QUESTIONNAIRE - PART 2
0 – 16 years old

This information will help us to provide you with the best care until your full medical records are received. Please hand it to the receptionist when completed.

Title and Last Name	
ALL Forenames	Any previous names
Male ☐ Female ☐	Date of Birth
Address	
Parents/Guardians names & addresses	
Mother: Do you have parental responsibility? Yes ☐ No ☐	Father: Do you have parental responsibility? Yes ☐ No ☐
Home Tel No:	Parent's Tel Nos (mobile and work)
Present School	

MEDICAL HISTORY **Year**	**Illness/accident/operation (please include physical and nervous conditions and important disabilities)**

Is your child under medical care of any sort**?** **Yes ☐ No ☐**
If yes, please describe

Does your child suffer from any allergies? **Yes ☐ No ☐**
If yes, please describe

Does your child take any regular medication? **Yes ☐ No ☐**
If yes, please describe

Aged 14 – 16 only

Do you smoke? **Yes ☐ No ☐ Never Smoked ☐ Ex-smoker ☐ Date stopped** _____

If yes, would you like help to stop? **Yes ☐ No ☐**

PTO

Age Vaccine Usually Given	Disease		Have you been given this vaccine?	If YES, dates given
3 times in First Year of Life	Diphtheria / Tetanus / Polio / Pertussis (DTP or 'Triple') / HIB	1st Dose	Y ☐ N ☐ Unknown ☐	
		2nd Dose	Y ☐ N ☐ Unknown ☐	
		3rd Dose	Y ☐ N ☐ Unknown ☐	
3 times in 13 months of Life	Prevenar (pneumococcal)	1st Dose	Y ☐ N ☐ Unknown ☐	
		2nd Dose	Y ☐ N ☐ Unknown ☐	
		3rd Dose	Y ☐ N ☐ Unknown ☐	
2 times in First Year of Life	Rotavirus	1st Dose	Y ☐ N ☐ Unknown ☐	
		2nd Dose	Y ☐ N ☐ Unknown ☐	
2 times in First Year of Life	Men C	1st Dose	Y ☐ N ☐ Unknown ☐	
		2nd Dose	Y ☐ N ☐ Unknown ☐	
		3rd Dose	Y ☐ N ☐ Unknown ☐	
13 months	Hib/Men C		Y ☐ N ☐ Unknown	
13 months	Measles, Mumps, Rubella (MMR)	1st Dose	Y ☐ N ☐ Unknown ☐	
Pre-School MMR		2nd Dose	Y ☐ N ☐ Unknown ☐	
Pre-School DTP	dTaP/IPV (Diptheria, Tetanus, Polio & Pertussis)		Y ☐ N ☐ Unknown ☐	
14 years	Td/IPV		Y ☐ N ☐ Unknown ☐	
	Men C		Y ☐ N ☐ Unknown ☐	

Any other vaccinations

Disease	Have you been given this vaccine?	If YES, dates given
HPV (Gardasil)	Y ☐ N ☐ Unknown ☐	
Heaf Test & BCG (for TB)	Y ☐ N ☐ Unknown ☐	
Hep A	Y ☐ N ☐ Unknown ☐	
Hep B	Y ☐ N ☐ Unknown ☐	
Chicken Pox	Y ☐ N ☐ Unknown ☐	

OTHER VACCINATIONS:		

ETHNIC GROUP DATA COLLECTION - STRICTLY CONFIDENTIAL

The Health Service needs to know the ethnic group of patients for the purpose of planning. This is to make sure that all sectors of the community have equal access to the services provided. Ethnic group describes how you see yourself, and is a mixture of culture, religion, skin colour, language, the origins of yourself or your family**. It is not the same as nationality.** The information given will be treated in the strictest confidence.

The information is used only by National Health Service Staff and will not be passed on to other agencies, or used for any other purposes.

☐ White – British	☐ White – Irish	☐ Any other White	☐ Mixed – White and Black Caribbean	☐ Mixed – White and Black African
☐ Mixed – White and Asian	☐ Any other mixed background	☐ Indian	☐ Pakistani	☐ Bangladeshi
☐ Any other Asian background	☐ Black – Caribbean	☐ Black – African	☐ Any other Black background	☐ Chinese
☐ Any other Ethnic Group		☐ Do not want to give Ethnic Group		

Summary Care Record (SCR)

Please see the information attached about the Summary Care Record and the Oxfordshire Care Summary. If you want your child to be included in these, please tick and sign below. If you wish to opt out, please fill in the separate opt out form.

☐ **I <u>want</u> my child's records to be included in the Summary Care Record.**
☐ **I <u>want</u> my child's records to be included in the Oxfordshire Care Summary.**

Signed _____ Date _____

Relationship to patient _____