

**Rolle Medical Partnership  
Patient Health Questionnaire for New Babies**

**Patient Details**

First Names	Surname	DOB
Home Address .....		Parent / Guardian Contact Details
.....		Home Tel
.....		Mobile Tel
Post Code .....		Email Address
<p><b>Please tick the box to confirm that you are happy for the Surgery to send you text message reminders regarding appointments, services and practice news.</b></p> <p style="text-align: right;"><input type="checkbox"/></p>		

**Parental Responsibility**

In case of parents of children who do not live together, who has parental responsibility?			
Please tick to indicate	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Joint <input type="checkbox"/>

**If you have been awarded responsibility via the court please bring a copy of the agreement with you when registering.**

**Next of Kin**

Name:	Tel Number:
Address: .....	
.....	
.....	

**Medical History**

Please answer the following questions in relation to your baby's health.	Yes/No	Comments
Is your baby currently awaiting a Hospital Out Patient appointment or operation?		

**If you have answered yes to the above, please make an appointment with your baby's doctor to inform them of the situation.**

## Family History

Please state any serious illness, in particular heart disease, strokes, high blood pressure, diabetes or any inherited disease and which family member it relates to.			
High Blood Pressure		Diabetes	
Heart Disease		Stroke	
Other		Other	

## Language & Ethnicity

What will you baby's first language be?		
White	↑British	↑Irish
Black	↑Caribbean	↑African
Asian	↑Indian	↑Pakistani
Mixed	↑White + Black Caribbean	↑White + Black African
	↑White + Asian	↑Other (Please state)

Full Name: ..... DOB: .....

Signature: ..... Relationship to Child: .....

## ONLINE SERVICES

Online services are available via our practice Website or an App on your Smartphone. If you would like to sign up to this service for your child please speak to a member of the reception team who can set up access for you. You need to register for this service in person at the practice for this service as your ID will need to be checked.

Benefits to this service include:

- Booking and cancelling appointments with GPs
- Ordering repeat medication
- Viewing your medical records and test results
- Updating your personal details
- Complete questionnaires and ask questions

You can access online services through our website [www.rollemedicalpartnership.co.uk](http://www.rollemedicalpartnership.co.uk) or via an app on your smartphone (search for SystmOnline by TPP medical).

## Patient Consent to Data Sharing

We recognise the importance of protecting personal and confidential information in all that we do, and we will take care to meet our legal duties, as the law determines how organisations can use the personal information that we collect.

To support our statutory obligations, we must inform you of who we will share information with and allow you to determine whether or not you wish us to share the information that we have recorded about you within your patient record. For further information on who we share with and what steps we take to protect the information we hold, please see our Fair Processing Notice or Privacy Notice available on our website [www.rollemedicalpartnership.co.uk](http://www.rollemedicalpartnership.co.uk) or at the Practice.

If you wish to withdraw your consent from the NHS Digital National Data Extraction please visit the 'Your Data Matters' website [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters). This is the government data extraction that is used to help design health services of the future and to guide future research. Please note we are not able to change your consent preferences for this in the Practice.

**I give my consent to my baby's records being shared for the following purposes:-**

Please tick against each data set identifying if you wish or do not wish to share this data

Record Sharing Initiative	I hereby give consent for my information to be shared.	I do not consent for my information to be shared.
Summary Care Record (used in health care settings to see your basic health information, medication, major conditions and allergies)		
Local Shared Care Record (local providers only eg other GP Practices)		
Consent for this organisation to view data that is recorded at other care services (other GP Practice you may attend)		

Full Name: ..... DOB: .....

Signature: ..... Relationship to Child: .....

**Please note you can amend your consent preferences at any time.**