

**Queens Park Medical Centre  
Farrer Street , Stockton on Tees , TS18 2AW**

**Important Information for New Patients**

The Practice will normally accept patients moving into the area and who do not have a doctor in the area, and patients who have close family members already registered with the Practice.

We require proof of identity and address before we can register you as a patient

This practice works by allocating patients to named doctors to enable both patient and doctor to get to know each other better; we believe this improves the quality of care we provide. Whenever possible this is the Doctor you will see should you require medical attention, although in urgent situations, or during the doctor's leave, we may ask you to see another doctor in the practice. However we do NOT allow transfers between doctors in the Practice.

We try to treat our patients in a polite and courteous manner and expect our patients to treat Doctors and Staff with the same level of respect. If you are unhappy with our arrangements you have the right to register with another practice.

The Practice operates a  
**ZERO TOLERANCE POLICY**

**If you are abusive to staff you will be asked to register with another practice.**

In an average week 100 patients make and do not keep appointments. If you make an appointment and cannot keep it please let us know so we can offer the appointment to another patient. If you fail to keep an appointment on more than one occasion you may be asked to register with another practice.

**Please answer the following questions, if necessary using the space overleaf to provide further details.**

**Please complete this form to help us help you**

Date \_\_\_\_\_

**PARENT/GUARDIAN'S DETAILS**

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Relationship to child \_\_\_\_\_

**CHILD'S DETAILS**

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

Please tick if you would be happy to receive text message appointment reminders

Email. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name & Address of Previous Doctor

\_\_\_\_\_

**Are you recognised as the carer of this child?** By this we mean does the child need additional help because of physical illness or disability, mental health problem or illness or learning difficulties

We would like to record your ethnicity. This can be helpful in understanding the pattern of certain diseases. Please tick one of the boxes below.

- |                 |                          |       |                             |                          |       |
|-----------------|--------------------------|-------|-----------------------------|--------------------------|-------|
| Black Caribbean | <input type="checkbox"/> | 9S2.. | White British               | <input type="checkbox"/> | XaFwD |
| Black African   | <input type="checkbox"/> | 9S3.. | White Irish                 | <input type="checkbox"/> | XaFwE |
| Black – other   | <input type="checkbox"/> | XaFwy | White – other               | <input type="checkbox"/> | XaFwF |
| Chinese         | <input type="checkbox"/> | 9T1C. | Asian & White               | <input type="checkbox"/> | 9SB2. |
| Indian          | <input type="checkbox"/> | 9S6.. | Mixed Black/Caribbean/White | <input type="checkbox"/> | XaIB5 |
| Pakistani       | <input type="checkbox"/> | 9S7.. | Mixed Black/African/White   | <input type="checkbox"/> | XaIB6 |
| Bangladeshi     | <input type="checkbox"/> | 9S8.. | Other mixed ethnicity       | <input type="checkbox"/> | XaFx1 |
| Asian – other   | <input type="checkbox"/> | XaFx0 | Other ethnic group          | <input type="checkbox"/> | XaFx1 |

If you do not want your ethnicity recorded tick here  9SD..

Are you:      Single      Married / Cohabiting      Widowed      Separated / Divorced

**Please answer the following questions**

Was the birth weight below 6lbs (2.8kg) Yes No

**Has the child had the following immunisations?**

Diphtheria, Tetanus, Polio & HIB (given three times in first year) Yes No

Whooping Cough (given three times in first year) Yes No

Measles, Mumps & Rubella (given at age 1) Yes No

Pre school booster Yes No

Rubella (given to girls aged 10 or more) Yes No

BCG (given around 13) Yes No

School Leaving Booster Yes No

Has the child had any serious illness in the past Yes No

Does the child currently have any health problems Yes No

Does the child have any allergies Yes No

Is the child on any regular medication Yes No

*(if you have answered yes to this question please give details in the space provided below)*

We are now able to offer **Patient Online Services**, this means you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online.

If you would like to sign up for this service please ask reception for a registration form.

**As a newly registered patient, you require a health check with a Practice Nurse. Please arrange for an appointment at the Nurse Reception.**

To acknowledge you have read and agree to these terms sign here

Signed \_\_\_\_\_ Date \_\_\_\_\_

The information we hold about you as a patient can sometimes be shared with other bodies that are responsible for providing you with health care i.e. Out Of Hours services.

We will not share your information with anyone else without your express consent.

If you do NOT want your information shared please sign below to indicate this and that you understand the implications of this request

Signed \_\_\_\_\_ Date \_\_\_\_\_