



WESTBURY GROUP PRACTICE

www.westburygp.co.uk

f - @WestburyGP

New Patient Questionnaire (Child)

Westbury Group Practice unite the White Horse Health Centre and Bratton Surgery. We are always delighted to accept new patients onto our practice list. This pack contains the forms that must be returned to the practice for children.

Mandatory forms be returned:

Optional forms to be returned:

GMS1 Form

New Patient Questionnaire

'Sharing Your Health Record' Booklet

Online Proxy Registration Form

To Be Completed By WGP

GMS1	Questionnaire	Sharing Booklet
Handed To		
Date		

Personal Details

Full Name	
Date Of Birth	
Sex	
Telephone (Home)	
Telephone (Mobile)	
Voicemail Consent	
Email Address	
SMS & Email Consent	
Preferred Contact Method	
Next Of Kin & Relationship	
Next Of Kin Contact Details	
Height	
Weight	



WESTBURY GROUP PRACTICE

www.westburygp.co.uk

f - @WestburyGP

New Patient Questionnaire (Child)

Ethnic Origin									
White		Indian		Black African		Chinese		Pakistani	
Vietnamese		Bangladeshi		Caribbean		Other		Confidential	
First Spoken Language									

Nominated Pharmacy									
Shaunaks		Boots		Lloyds		Preddy's		Dispensary	
Other									

Parental Details		
Mother	Full Name	
	Date Of Birth	
	Address	
	Telephone	
Father	Full Name	
	Date Of Birth	
	Address	
	Telephone	
Carer	Full Name	
	Date Of Birth	
	Address	
	Telephone	

School Information	
Present School	
Previous Schools	
Previous Health Visitor	
Previous School Nurse	



WESTBURY GROUP PRACTICE

www.westburygp.co.uk

f - @WestburyGP

Proxy Access To Online Services

Patient Declaration

If the patient does not have capacity to consent to grant proxy access and is considered by the practice to be in the patient's best interest this section of the form may be omitted.

I give permission to my GP practice to give the following people proxy access to the online services as indicated below.

I reserve the right to reverse any decision I make in granting proxy access at any time.

I understand the risks of allowing someone else to have access to my health records.

I have read and understand the information leaflet provided by the practice.

Full Name	
Date Of Birth	
Address	
Signature	
Date	

Request Access (Please Tick)

Booking Appointments	
Requesting Medication	
Summary Care Record Access	
Detailed Coded Record Access	
Full Clinical Record Access	



WESTBURY GROUP PRACTICE

www.westburygp.co.uk

- @WestburyGP

Representative(s) Declaration

I/We have read and understood the information leaflet provided by the practice.

I/We will be responsible for the security of the information I/We see or download.

I/We will contact Westbury Group Practice as soon as possible if I/We suspect that someone has accessed the account without agreement.

If I/We see information in my record that is not about me or is inaccurate, I/We will log out of online services immediately and will contact the practice.

If I/we have access to my/our child's/children's record, I understand between their ages of 11-16, I will have to renew this consent form on a yearly basis.

Representative 1

Full Name

Date Of Birth

Address

Telephone

Signature

Date

Representative 2

Full Name

Date Of Birth

Address

Telephone

Signature

Date