

**NEW PATIENT ADULT REGISTRATION FORM (15 and under)**

TITLE & SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
 Former Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Gender: \_\_\_\_\_ NHS No (if known): \_\_\_\_\_  
 House Name/Number: \_\_\_\_\_  
 Road: \_\_\_\_\_ School/Nursery attended: \_\_\_\_\_  
 Town: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

**Ethnicity – please indicate ethnicity**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> White British           | <input type="checkbox"/> Indian / British Indian           | <input type="checkbox"/> Chinese                       |
| <input type="checkbox"/> White Irish             | <input type="checkbox"/> Pakistani / British Pakistani     | <input type="checkbox"/> Other Ethnic Group            |
| <input type="checkbox"/> Other White background  | <input type="checkbox"/> Bangladeshi / British Bangladeshi | <input type="checkbox"/> Not stated                    |
| <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Other Asian background            | <input type="checkbox"/> Do not wish to give ethnicity |
| <input type="checkbox"/> White & Black African   | <input type="checkbox"/> Black Caribbean                   |  |
| <input type="checkbox"/> White Asian             | <input type="checkbox"/> Black African                     |  |
| <input type="checkbox"/> Other Mixed background  | <input type="checkbox"/> Other Black background            |  |

I give consent to receive messages by text (this will include appointment reminders, messages and general information about the surgery)

I give consent to receive messages by e-mail (this will include messages and general information about the surgery)

I give consent for voicemail messages to be left on my (please indicate):  home phone  mobile telephone

**Health Questions**

*When patients first register, we may not have access to a full past medical history. It would therefore be helpful if you would complete the following section.*

**Past Medical History** – please list any serious illnesses, operations, accidents, or disabilities.

Year:	Problem:

**COMMUNICATION NEEDS**

**Does your child have any communication requirements? If yes, please give details.**      Yes      No

Large print      Translation Service      Sign language      Any other (please give details):

**How would you like us to communicate and send information to you?**

**What is your child’s first language?**

**Medication:** please give details of any treatments or drugs that your child currently uses. It would be best to provide us with a copy of the current repeat prescription where possible.

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<b>Drug Name &amp; Strength</b>	<b>Frequency of Use</b>	<b>Condition Treated by drug:</b>
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**Drug Allergies** – If your child has any allergies or has had any adverse reactions to drugs please let us know.

**Drug Name:** \_\_\_\_\_ **Problem Caused:** \_\_\_\_\_

**Other Allergies:** \_\_\_\_\_

**Pharmacy Nomination.**

We can arrange for prescriptions to be sent directly to your chosen Pharmacy.

**Name of Pharmacy:** \_\_\_\_\_ **Location:** \_\_\_\_\_

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**OTHER FACTORS AND FAMILY HISTORY**

**Other Factors**

**Please tick any of the following conditions that your child suffers from:**

- Asthma
- Diabetes
- Epilepsy
- Angina
- Heart Attack
- Stroke

**Family History**

*Please list any illnesses that run in your family:*

Mother's side:

Father's side:

Brothers and Sisters:

Other:

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**Has any member of your immediate family (i.e. mother, father, brothers & sisters) had a heart attack or stroke under the age of 60? If yes, please give details**

Yes  No

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**SAFEGUARDING**

Is your child: (please tick where applicable):

Adopted  Yes  No      Fostered  Yes  No      A looked after child  Yes  No

If you have answered yes to any of the above, please provide copies of court orders and details of parental responsibility.

Named Social Worker: .....

Named Social Care Agency: .....

Previous GP and Surgery: .....

Previous Health Visitor: .....

## CHILDHOOD IMMUNISATIONS

Please record your child's immunisations so that they can be added to their medical record OR provide a copy of their vaccination history from the red book.

Immunisations	Dose	Date given or declined
Diphtheria / Tetanus / Pertussis	Dose 1	
Polio	Dose 1	
Hib	Dose 1	
Meningitis	Dose 1	
Diphtheria / Tetanus / Pertussis	Dose 2	
Polio	Dose 2	
Hib	Dose 2	
Meningitis	Dose 2	
Diphtheria / Tetanus / Pertussis	Dose 3	
Polio	Dose 3	
Hib	Dose 3	
Meningitis	Dose 3	
Men C – single dose		
MMR 1 (measles / mumps / rubella)	Dose 1	
Diphtheria / Tetanus / Pertussis (pre-school)		
Polio (pre-school)		
MMR 2		

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## SHARING AND CONSENT

We would like to obtain your permission and consent to sharing your medical record with NHS England and other healthcare professionals. Please tick your preferences to all items.

**Summary Care Record (SCR)** – Your Summary Care Record is a short summary of your GP medical records. It tells other health care staff that care for you about the medicines you take and your allergies.

This can help in an emergency, when you're on holiday, out-patient clinics, a pharmacy and when your surgery is closed.

I would like to **opt out** of the Summary Care Records Programme and have completed the appropriate form **(please obtain from reception)**

For more information on SCR visit <https://digital.nhs.uk/summary-care-records/patients>

### Consent to Share your Medical Information

At Courtyard Surgery, we use **TPP SystemOne** as our clinical system. Some organisations, including local services such as the Minor Injuries Unit at Horsham Hospital and the District Nursing Team use the same system. With your permission, your GP would be able to see any information recorded by these services as well as those services being able to see your GP record. When you attend a new place of care, your consent will always be sought to enable this sharing.

I am happy to share my data in & out (your GP record will be visible to other organisations that care for you, with your consent, and entries made by other healthcare organisations can be viewed by your GP.

I do not wish to share my data as above

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## EMERGENCY CONTACTS

We would be grateful if you could give us the details of a person(s) that can be contacted in an emergency – this information will be added to your medical record. Please note that we will not discuss any information without your consent.

Name		
Contact details		
Relationship to child		

## ON-LINE SERVICES

You are able to book routine GP appointments, as well as order your repeat prescription with this service.

You should keep your login details in a secure and safe place.

Due to the complexities of the Nursing teams clinics it will not be possible to book nurse appointments using the online service.

### Please indicate below if you would like to sign up for this service

Yes - I would like to register for Courtyard Surgery On-Line services

I would like to receive my log-in details for online services via (please tick):  SMS  Post

I will adhere to Courtyard Surgery's Guidance Policy for the use of online services **(available at reception)**. It is my responsibility to keep my account secure by keeping my log-in details confidential. I understand that I can terminate my account at any time by contacting the surgery.

## PATIENT DISCLAIMER

Thank you for choosing to register at Courtyard Surgery. Your registration will be completed shortly on our clinical system. For further information about the surgery visit our website [www.courtyardsurgery.com](http://www.courtyardsurgery.com) where you can also see the latest news.

I understand that it is my responsibility to update Courtyard Surgery if any of my details, such as contact numbers or address, change.

Signed:

Date:

Print Name:

Relationship to child:

## SURGERY ADMINISTRATION

Registration form taken in by:

Date

Forms of ID seen:

Date registration added to SystemOne:

Registered by:

If Safeguarding information completed please pass a copy to Management  
Pass Immunisation record to Nicky for data entry

Emergency Contacts / Family members added to Groups & Relationships