**New Patient Registration Form - Child**

Please complete all pages in full using block capitals

**Named accountable GP:**

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| **1. Background Details** |

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| **Your Child Details** | | | | | |
| NHS Number | Click or tap here to enter text. | | | *If you have had a previous GP then you will find this on letters/prescriptions or at* [*www.nhs.uk/find-nhs-number*](https://eur01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.nhs.uk%2Ffind-nhs-number&data=04%7C01%7Csupport%40ardens.org.uk%7Cffabf11787fb41dc43be08d99fa70d67%7C2574bae132844b5a8833850acab88d43%7C1%7C0%7C637716362095841893%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=MF3g4y6zrx4E0Qifat%2FgKNmjXrzmgNeU5ebPuaEcNAo%3D&reserved=0) | |
|  | I do not know my NHS number | | | | |
| Child Name | Click or tap here to enter text. | | | | |
| Previous Surname ( if applicable) | Click or tap here to enter text. | | | | |
| Gender | Click or tap here to enter text. | | | Title | Master  Miss |
| Which of the following best describes how you think of yourself? | Non-binary  Female  Male  Prefer not to say  Unable to answer | | | | |
| Is your gender the same as the sex you were assigned at birth? | Yes  No | Prefer not to say  Unable to answer | | | |
| Address | Click or tap here to enter text. | | | Date of Birth | Click or tap to enter a date. |
| Town & Country of birth | *If London, please include borough*  Click or tap here to enter text. |
| Home Telephone | Click or tap here to enter text. |
| Has the patient been registered in the NHS before? | | | Yes  No | | |
| If no, please state date entered UK | | | Click or tap to enter a date. | | |
| If previously resident in the UK, date of leaving: Click or tap to enter a date. Date of return: Click or tap to enter a date. | | | | | |

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| **Parent or Guardian Details** | | | | |
| Your Name | Click or tap here to enter text. | | | |
| Relationship | Click or tap here to enter text. | | | |
| Address | Click or tap here to enter text. | | Home Telephone | Click or tap here to enter text. |
| Work Telephone | Click or tap here to enter text. |
| Mobile Telephone | I consent to be contacted\* by SMS on this number: Click or tap here to enter text. | | | |
| Email | I consent to be contacted\* by email at this address: Click or tap here to enter text. | | | |
| Family Registered With Us | | Click or tap here to enter text. | | |

*\* It is your responsibility to keep us updated with any changes to your telephone number, email & postal address.*

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| **Other Details** | | | | | |
| Previous address | Click or tap here to enter text. | |  |  | |
| Previous GP | Name: Click or tap here to enter text.  Address: Click or tap here to enter text. | | | | |
| Ethnicity | White (UK)  White (Irish)  White (Other) | Black Caribbean  Black African  Black Other | | Bangladeshi  Indian  Pakistani | Arabic  Chinese  Other |
| Housing | Sheltered House  Asylum Seeker  Refugee | | | | |
| Overseas Visitor | Yes | European Health Insurance Card Held (please bring details with you) | | | |
| Armed Forces | Family Member |  | |  |  |

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| **Communication Needs** | | | |
| Language | What is your main spoken language? Click or tap here to enter text.  Do you need and interpreter?  Yes  No | | |
| Communication | Do you have any communication difficulties?  Yes  No  If **Yes** please identify below | | |
| Hearing aid  Lip reading | Large print  Braille | British Sign Language  Makaton Sign Language  Guide dog |

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| **Carer Details** | | | | |
| **Are you** a carer? | Yes – Informal / Unpaid Carer | | Yes – Occupational / Paid Carer | No |
| Do you **have** a carer? | Yes | Name\*: Click or tap here to enter text.  Tel: Click or tap here to enter text.  Relationship: Click or tap here to enter text. | | |

*\* Only add carer’s details if they give their consent to have these details stored on your medical record*

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| **If you are applying on behalf of a child who is in Foster care/Residential care/Kinship care/ or who is not your child** | |
| who has parental or legal responsibility for the child? | |
| **You** as the legal/guardian/adoptive parent | **Other** *(please specify)* |
| Name: Click or tap here to enter text. Contact Number: Click or tap here to enter text. | |
| Evidence of parental responsibility (birth certificate/social care information):  Click or tap here to enter text. | |
| If you are the parent/guardian/foster carer/kinship carer but **cannot** consent, please detail below who can | |
| Name: Click or tap here to enter text. Contact Number: Click or tap here to enter text. | |
| Relationship to child: Click or tap here to enter text. | |

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| **Looked after Children** |
| If a child, are they looked after?  Yes  No  If Yes, under what arrangements:  Section 20-Voluntary Care  Subject to an Interim Care Order  Subject to a Full Care Order  Placed for adoption  Unaccompanied Asylum Seeker  Private arrangement/Private Fostering/Informal arrangement  (please note you have a duty to notify social care of this arrangement)  **What is Private Fostering?**  A private fostering arrangement is one that is made without the involvement of the Local Authority to look after a child under the age of 16 (or under 18 if disabled) by someone other than a parent or close relative, for 28 days or more and can include those living with extended family members. So, this could be a child living with people as stated below:  Private Fostering includes a child living with: godparents, great-grandparents, great aunts or uncles, family friends, step parents where a couple isn’t married or in a civil partnership, cousins, a host family which is caring for a child from overseas while they are in education here.  Private Fostering does not include a child living with: Brothers. sisters, grandparents, aunts, uncles, step parents where a couple is married or in a civil partnership, mother, father, children and young people who are being looked-after by the Local Authority. |
| Name of School or Nursery: Click or tap here to enter text.  Home schooled  Does the child have a social worker?  Yes  No Name of social worker: Click or tap here to enter text.  Are there any other Agencies involved in their care?  Yes  No  Contact Details: Click or tap here to enter text. |
| **2. Medical History** |

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| **Vaccinations** |
| Has your child had all their routine vaccinations?  Yes  No  Did your child get all their routine vaccinations in the UK?  Yes  No  If no, please provide a copy of the vaccination history with this registration form. |

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| **Medical History** | | | |
| Has your child suffered from any of the following conditions? | | | |
| Asthma | Depression | Diabetes | Epilepsy |
| Any other conditions, operations or hospital admission details:  Click or tap here to enter text.  If your child is currently under the care of a Hospital or Consultant outside our area, please tell us here:  Click or tap here to enter text. | | | |

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| **Family History** | |
| Please record any significant family history of close relatives with medical problems and confirm which relative e.g. mother, father, brother, sister, grandparent | |
| Asthma:  COPD:  Epilepsy:  Heart Disease:  Stroke:  Blood Pressure: | Diabetes:  Kidney Disease:  Liver Disease:  Depression:  Thyroid:  Cancer: |
| Other:  Click or tap here to enter text. | |

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| **Allergies** |
| Please record any allergies or sensitivities below  Click or tap here to enter text. |

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| **Current Medication** |
| Please attach if possible a copy of your repeat prescription request and include any other medication you may be taking which does not appear on your list. PLEASE NOTE AN APPOINTMENT WITH THE GP MAY BE NECESSARY FOR A MEDICATION REVIEW.  Click or tap here to enter text. |

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| **3. Further Details** | |
| **Electronic prescribing** | |
| If you would like your child’s prescriptions to go electronically, please provide details of the pharmacy you would like to use: | Pharmacy: Click or tap here to enter text. |

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| **Parent or Guardian Signature** | |
| Signature | Click or tap here to enter text.  I confirm that the information I have provided is true to the best of my knowledge |
| Name | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |

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| **4. Online Access to Your Health Record** |
| We offer an online service which will enable you to order prescriptions, book appointments and have access to aspects of your medical record. We require photo ID (passport, driving licence) to enable access. Please ask a receptionist for details. |

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| **5. Sharing Your Health Record** |

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| **Your Health Record** |
| Sharing Out  Do you consent to your GP Practice sharing your Child’s health record with other organisations who care for them?  Yes *(recommended option)*  No  Sharing In  Do you consent to your GP Practice viewing your Child’s health record from other organisations that care for them?  Yes *(recommended option)*  No |

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| **Your Summary Care Record (SCR)** |
| Do you consent to your child having an Enhanced Summary Care Record with Additional Information?  Yes *(recommended option)*  No |

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| **Parent or Guardian Signature** | |
| Signature | Click or tap here to enter text. |
| Name | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |

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| **Data Sharing for Research (not for direct care)** |
| Please note:  You can also tell your GP practice if you do not want your child’s confidential patient information held in their GP medical record to be used for purposes other than their individual care. This is commonly called a Type 1 opt-out. This opt-out request can only be recorded by your child’s GP surgery.  I do not wish identifiable data about my child to leave the practice  (For practice use only - **XaZ89**)  Name: Click or tap here to enter text. Signature: Click or tap here to enter text.  Date: Click or tap to enter a date.  You can also object to any information containing data that identifies your child leaving the NHS Digital secure environment. This is the National Data Opt-out and can no longer be set by your child’s GP. This includes information from all places where your child receives NHS care, such as hospitals. If you object, confidential information will not leave NHS Digital and will not be used, except in very rare circumstances for example in the event of a public health emergency.  **You can change your choice at any time.**  To find out more or to make your choice visit: **nhs.uk/your-nhs-data-matters** or call **0300 303 5678** |

**Sharing Your Health Record**

**What is your health record?**

Your health record contains all the clinical information about the care you receive. When you need medical assistance it is essential that clinicians can securely access your health record. This allows them to have the necessary information about your medical background to help them identify the best way to help you. This information may include your medical history, medications and allergies.

**Why is sharing important?**

Health records about you can be held in various places, including your GP practice and any hospital where you have had treatment. Sharing your health record will ensure you receive the best possible care and treatment wherever you are and whenever you need it. Choosing not to share your health record could have an impact on the future care and treatment you receive. Below are some examples of how sharing your health record can benefit you:

* Sharing your contact details This will ensure you receive any medical appointments without delay
* Sharing your medical history This will ensure emergency services accurately assess you if needed
* Sharing your medication list This will ensure that you receive the most appropriate medication
* Sharing your allergies This will prevent you being given something to which you are allergic
* Sharing your test results This will prevent further unnecessary tests being required

**Is my health record secure?**

Yes. There are safeguards in place to make sure only organisations you have authorised to view your records can do so. You can also request information regarding who has accessed your information from both within and outside of your surgery.

**Can I decide who I share my health record with?**

Yes. You decide who has access to your health record. For your health record to be shared between organisations that provide care to you, your consent must be gained.

**Can I change my mind?**

Yes. You can change your mind at any time about sharing your health record, please just let us know.

**Can someone else consent on my behalf?**

If you do not have capacity to consent and have a Lasting Power of Attorney, they may consent on your behalf. If you do not have a Lasting Power of Attorney, then a decision in best interests can be made by those caring for you.

**What about parental responsibility?**

If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

**What is your Summary Care Record?**

Your Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This can be viewed by GP practices, Hospitals and the Emergency Services. If you do not want a Summary Care Record, please ask your GP practice for the appropriate opt out form. With your consent, additional information can be added to create an Enhanced Summary Care Record. This could include your care plans which will help ensure that you receive the appropriate care in the future.

**How is my personal information protected?**

Queens Avenue Surgery will always protect your personal information. For further information about this, please see our Privacy Notice on our website or please speak to a member of our team

For further information about your health records, please see: www.nhs.uk/NHSEngland/thenhs/records

For further information about how the NHS uses your data for research & planning and to opt-out, please see:

[www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters)