**New Patient Registration Form – New Born Child**

Please complete all pages in full using block capitals

**Named accountable GP:**

|  |
| --- |
| **1. Background Details** |
| **Your Child Details** |
| Child Name | Click or tap here to enter text. |
| NHS Number | Click or tap here to enter text. | I do not know my NHS number [ ]  |
| Gender | Click or tap here to enter text. | Title | [ ]  Master [ ]  Miss |
| 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. |
| **Parent or Guardian Details (MUST be a registered patient at this practice and residing at the same address)** |
| Mother or Guardian | Click or tap here to enter text. | Mobile Telephone\* | Click or tap here to enter text. |
| Father or Guardian | Click or tap here to enter text. | Mobile Telephone | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | Home Telephone | Click or tap here to enter text. |
| Email\* | Click or tap here to enter text. |
| Family Registered With Us | Name: Click or tap here to enter text.Date of birth: Click or tap here to enter text.Relationship: Click or tap here to enter text. |

\* by providing a mobile number and/or email address, we assume your consent for contacting you by SMS and/or email

|  |
| --- |
| **Other Details** |
| Ethnicity | [ ]  White (UK)[ ]  White (Irish) [ ]  White (Other)  | [ ]  Black Caribbean[ ]  Black African[ ]  Black Other | [ ]  Bangladeshi[ ]  Indian [ ]  Pakistani | [ ]  Arabic[ ]  Chinese[ ]  Other |
| Armed Forces | [ ]  Family Member |  |  |  |

|  |
| --- |
| **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. |

|  |
| --- |
| **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. |

|  |
| --- |
| **2. Prescriptions** |
| **Electronic Prescribing** |
| If you would like your prescriptions to be sent electronically, please nominate your preferred pharmacy:Click or tap here to enter text. |

|  |
| --- |
| **3. Sharing Your Health Record** |
| **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 |

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

|  |
| --- |
| **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. |

# PSD FOR CHILDHOOD IMMUNISATIONS

Name: Click or tap here to enter text. Dob: Click or tap to enter a date. Dr: Click or tap here to enter text.

Address: Click or tap here to enter text.

# NOT BEFORE 8 WEEKS OF AGE

1st DIPHTHERIA/TETANUS/PERTUSSIS (acellular)/HIB/POLIO/HEP B (inactivated) – 0.5 mls IM

 ROTAVIRUS – 1.5 ml oral suspension
 MEN B – 0.5 mls IM
  *(Delete as necessary)*

**NOT LESS THAN 4 WEEKS AFTER 1ST IMMUNISATIONS**

2nd DIPHTHERIA/TETANUS/PERTUSSIS (acellular)/HIB/POLIO/HEP B (inactivated) – 0.5 mls IM
 PNEUMOCOCCAL – 0.5 mls IM

 ROTAVIRUS – 1.5 mls oral suspension

 *(Delete as necessary)*

**NOT LESS THAN 4 WEEKS AFTER 2ND IMMUNISATIONS AND NOT BEFORE 4 MONTHS OF AGE**

3rd DIPHTHERIA/TETANUS/PERTUSSIS (acellular)/HIB/POLIO/HEP B (inactivated) – 0.5 mls IM
 MEN B – 0.5 mls IM

 *(Delete as necessary)*

## **NOT BEFORE 12 MONTHS OF AGE**

 HIB/MEN C – 0.5 mls IM
 MEN B – 0.5 mls IM

 *(Delete as necessary)*

1st MEASLES/MUMPS/RUBELLA – 0.5 mls IM

 PNEUMOCOCCAL – 0.5 mls IM

**NOT BEFORE 3 YEARS 4 MONTHS OF AGE**

PRE-SCHOOL BOOSTER: DIPHTHERIA/TETANUS/PERTUSSIS (acellular)/POLIO (inactivated) – 0.5 mls IM 2nd MMR – 0.5 mls IM

 *(Delete as necessary)*

**12/13**

 HPV VACCINE 0.5 mls IM

**TEN YEARS AFTER PRE-SCHOOL BOOSTER**

 TEENAGE BOOSTER: TETANUS/DIPHTHERIA/POLIO 0.5 mls IM

 MEN ACWY 0.5mls IM

The above-named child may proceed with the childhood immunisation schedule, subject to parental consent.

### Signature of Doctor: Date:

…………………………………………………………………………………………………………………………………………………………

**IMMUNISATION CONSENT**

I CONSENT/DO NOT CONSENT to my child named above, receiving at the appropriate times, protection against the following diseases.

# Delete course not required

* Diphtheria, Whooping Cough, Tetanus, Hib & Polio
* Measles, Mumps & Rubella
* Diphtheria, Tetanus, Whooping Cough & Polio
* MEN C
* Hib & MEN C
* Pneumococcal vaccine
* HPV (girls only)
* Diphtheria, Tetanus & Polio
* Rotavirus

I have had the purpose of this consent form explained to me and understand that I can reconsider my decision at any time.

Signature of Parent/Guardian: Click or tap here to enter text. Date: Click or tap to enter a date.

|  |
| --- |
| **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)