

EVERGREEN OAK AND CREEKMOOR SURGERIES

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CONFIDENTIAL MEDICAL REGISTRATION FORM – FOR CHILDREN UNDER 16

Please complete all pages in FULL using BLOCK capitals

Surname

First Names (in full)

Previous Surnames

Title: Mr Mrs Miss Ms Male Female

Date of Birth (day/month/year) NHS Number (If known)

Town & country of Birth

Address
Post Code:

Telephone number: Mobile number:

Email address:

Please help us trace your previous medical records by providing the following information:

Your previous address in UK
Post Code:

Name of previous Doctor while at that address

Address of previous Doctor
Post Code:

If you are from abroad:

Your first UK address where Registered with a GP
Post Code:

If previously resident in UK date of leaving Date you first came to UK

If registering a child under 5:

I wish my child above to be registered with Evergreen Oak & Creekmoor Surgeries for Child Health Surveillance Yes No

Personal Medical History ...

Type of Birth:

(eg Normal, forceps, Caesarean, if under 5)

Birth Weight:

(If under 5)

Feeding:

(Breast or bottlefed, if under 5)

Has your child suffered from any important medical illness, operation or admission to hospital? If so please enter details below:

Condition	Year diagnosed	Ongoing Yes/No
		Yes/No
		Yes/No
		Yes/No

Family History ...

Have any close relatives (father, mother, sister, brother only) ever suffered from any of the following: (please indicate who in the boxes)

Heart attack	Stroke	Diabetes	High blood pressure	Asthma	Glaucoma	Cancer

Immunisations ...

Please provide details of your child's immunisations with dates if possible (under 5's). If possible please give your Red Book to Reception to photocopy.

Immunisation	Month/Year	Immunisation	Month/Year
DTaP/IPV/Hib (Diphtheria, tetanus, acellular pertussis (whooping cough)(DTap), inactivated polio vaccine (IPV), Haemophilus influenzae B(Hib)		Booster: DTaP/IPV	
PCV (Pneumococcal vaccine)		Booster: MMR	
MenB (Meningococcal B vaccine)			
Rota (Rotavirus vaccine)		HPV (Human Papillomavirus vaccine – girls)	
MenC (Meningococcal C vaccine)		Men ACWY (Meningococcal ACWY vaccine)	
MMR (Measles, Mumps and Rubella)		BCG (Tuberculosis)	

List of Current Medication ...

If you have a copy of your repeat medications, please pass to Reception to copy

Name of medication	Dosage

Allergies ...

Please list any allergies you have to any drugs/medication:

Name of medication	What was the problem or upset?

Ethnicity ...

Please indicate your ethnic origin:

- British or mixed British
 Irish
 African
 Caribbean
 Indian
 Pakistani
 Bangladeshi
 Chinese
 Other (please state):
 Decline to state

Next of Kin ...

Name: Tel. contact number:

Relationship:

Data Sharing - consent choices ...

To maintain continuity of clinical care, we upload certain medical information so that it is available to other healthcare organisations (e.g. Emergency Departments, Community Services i.e. Health Visitors). As parent/guardian of this child, if you do not wish to share data for this child, you can choose to **OPT OUT**. *More detailed information is available on the Confidential Medical Registration Form for Adults.*

OPT OUT ...

If you wish to **OPT OUT** please complete:

Data for research

- I do not wish identifiable data about this child to leave the practice (9Nu0)
- I do not wish data about this child to be shared by HSCIC (9Nu4)

Summary care Record

- I do not wish to have a Summary Care Record for this child
 (This will mean NHS Healthcare staff (e.g. A&E) caring for your child may not be aware of current medication, allergies or reactions to previous medication.)(9Ndo)

Signature ...

I confirm that the information I have provided is true to the best of my knowledge.

Signed: Date:

- Signature of patient Signature on behalf of patient