Spur Road Surgery

Spur Road Surgery, 1 Spur Road, Tottenham, London N15 4AA

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Website: spurroadsurgery-tottenham.co.uk

**CHILDREN REGISTRATION FORM**

Dear Patient,

Thank you for applying to register with Spur Road Surgery as a new or returning patient. In order for your application to be processed accordingly, you must provide the following on:

**All Patients:**

1. **Completed** NHS GMS1 registration form ***Attached***
2. **Completed** New Patient Health Questionnaire ***Attached***

**UK Children:** (up to the age of 16 can only be registered if their parent/ guardian are registering or registered here.)

1. **Proof of I.D:** Passport, Birth certificate, Driving Licence (17- 18 years old)
2. **All children** registering must supply their **Red Book** showing the child’s name and NHS number.

**NON EU Children:**

1. **Proof of Photographic I.D:** Passport with an up to date Visa valid for a minimum of 6 months
2. **All children** registering must supply their countries **Red Book** showing the child’s name.

**Asylum Seekers:**

1. **Proof of I.D:** ARC card or SAL 1/ SAL 2
2. **Other:** Home office documents

**(Failure to supply immunisation history may delay your child’s registration).**

Please note: Further information may be required at registration.

**REGISTRATION WILL ONLY BE COMPLETED ONCE YOU HAVE HAD YOUR NEW PATIENT CHECK WITH THE NURSE.**

Kind Regards

P.Dasgupta

Promita Dasgupta

Assistant Practice Manager

Spur Road Surgery

## NEW PATIENT APPLICATION TO JOIN THE PRACTICE LIST

Welcome to Spur Road Surgery. Please complete this application form so we can trace your medical notes and meet your health needs efficiently. When you have registered we will arrange an appointment with a GP or Practice Nurse for your New Patient Health Check.

Please note that **all staff working for the NHS has a legal duty to keep information about you confidential**.

**PATIENT DETAILS:**

Title: Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Other …………………… Gender: Male [ ]  Female [ ]  Transgender [ ]  Gender Fluid [ ]

Full Name: …………………………………………………..

Date of Birth: ………………………………… Place of birth:…………………………First Language:……………………………….

Home Phone Number: ………………………………. Mobile Number: ………………………..……… (We will use this to send

appointment reminders) Email Address:………………………………….......................................

Mothers Name ………………………………..………….… Mothers telephone number:…………..………………………

Fathers Name ………………………………..………….… Fathers telephone number:…………..………………………

Brother’s Name(s).……………….……………………………..…………………………………………………………………………

Sister’s Name(s) .……………….……………………………..…………………………………………………………………………

Current Address ….……………….……………………………..…………………………………………………………………………

Post Code:….………..............................................

School/ Nursery Name: ….……………….……………………………..………………………………………………………………

School/ Nursery Address: ……………….……………………………..………………………………………………………………

Ethnicity: (please tick)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **White** | **[ ]**  | British | **[ ]**  | Irish | **[ ]**  | Any other white background |  |  |
| **Black or Black British** | **[ ]**  | Caribbean | **[ ]**  | African | **[ ]**  | Any other black background |  |  |
| **Mixed** | **[ ]**  | White & Black Caribbean | **[ ]**  | White & Black African | **[ ]**  | White & Asian | **[ ]**  | Any other mixed background |
| **Asian or Asian British** | **[ ]**  | Indian | **[ ]**  | Pakistani | **[ ]**  | Bangladeshi | **[ ]**  | Any other Asian background |
| **Other Ethnic Groups** | **[ ]**  | Chinese | **[ ]**  | Any other ethnic group |  |  |  |  |

**Ethnic Category Refused [ ]**

Religion: (please tick)

[ ]  Church of England [ ]  Catholic [ ]  Buddhist [ ]  Hindu[ ]  Muslim [ ]  Sikh [ ] Jewish [ ]  Jehovah’s witness [ ]  No religion [ ]  Other Religion (state) ….………........................................................................................

|  |  |  |
| --- | --- | --- |
| Are you currently? | [ ]  Homeless [ ]  Refugee | [ ]  Asylum Seeker |
| Are you an ‘Assistance Dog’ user? | [ ]  Yes | [ ]  No |
| Are you housebound? | [ ]  Yes | [ ]  No |
| Do you have a career: Carer’s name:………………………..……………………………. Carer’s telephone number:…………………………….…….….... Carer’s relationship to you:………………………………………… Carer’s address: ……………………….…….…....................... |

1.

Your Medical Background

Please state any allergies and sensitives you have to medicines, food and dressings (i.e. penicillin, aspirin, plasters, nuts, bee stings etc.):

……………………………….….……………….…….…....……………….………………………………………………….…….…....

 Please state any mental disabilities you have:

……………………………….….……………….…….…....……………….………………………………………………….…….…....

What chronic medical conditions do you have? Please select all that apply

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ] Diabetes | [ ] Type 2 Diabetes | [ ] Hypertension | [ ] Epilepsy | [ ] Heart Disease | [ ] Mental Health |
| [ ] COPD /Emphysema  | [ ] Asthma | [ ] Cancer (please state)…………………………………….…… | Other (Please state)…………………………………….……... |

What operations have you had? …………………………………….……………………………………….…………………………...

…………………………………….……………………………………….……………………………………….………………………...

What injuries have you had? …………………………………….……………………………………….…………..............................

…………………………………….……………………………………….………………………………………………….....…………...

Current Medication

Please list any tablets, medicines or other treatments you are currently taking/ undertaking: …………………………………….

…………………………………….……………………………………….………………………………………………….....…………...

…………………………………….……………………………………….………………………………………………….....…………...

1.

Family History

Are there any serious diseases such as e.g. Diabetes, Asthma, Thyroid disorder, Stroke, COPD, Heart attack, Cancer, high blood pressure that affect your parents, brothers, sisters or children?

|  |  |  |
| --- | --- | --- |
| **Family Member** | **Health Problem** | **Year of Death**(if appropriate) |
| Father |  |  |
| Mother |  |  |
| Number ofbrothers |  |  |  |
| Number ofsisters |  |  |  |
| Number ofchildren |  |  |  |

1.

Sharing your medical record

Medical record sharing allows your complete GP medical record to be made available to authorise healthcare professionals involved in your care. You will always be asked your permission before anybody looks at your shared medical record.

If you **do not want** to share your child’s GP record tick here: [ ]

Summary Care record contains details of your key health information- medications, allergies and adverse reactions. They are accessible to authorised healthcare staff in A&E Departments throughout England. You will always be asked your permissions before anybody looks at your summary care record.

If you **do not want** your child to have a summary care record tick here: [ ]