

**ONE FORM PER PERSON – ages 0 to 4 PLUS COMPLETE GMS1**Please complete all the form in **BLOCK CAPITALS/tick relevant boxes** (this will take approx. 15 mins)

^Full Name		^Date of Birth	
^Email			

^Ethnicity	<input type="checkbox"/> White (UK)	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese
	<input type="checkbox"/> White (Irish)	<input type="checkbox"/> Black African	<input type="checkbox"/> Indian	<input type="checkbox"/> Other
	<input type="checkbox"/> White (Other)	<input type="checkbox"/> Black Other	<input type="checkbox"/> Pakistani	
^Religion	<input type="checkbox"/> C of E	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Sikh	<input type="checkbox"/> No religion
	<input type="checkbox"/> Catholic	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Other
	<input type="checkbox"/> Other Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Jehovah's Witness	

Next of Kin (emergency contact)	Name:	Tel:	Relationship:
	Address:		

Who else lives with this child?

Name & Relationship (father, mother, sister, brother, etc.):

Parental Responsibility:

Please detail below the full name(s) of who has parental responsibility for this child.

CURRENT HEALTH CONCERNS?

^Does your child have any current health concerns you would like to speak to someone about?

COMMUNICATION NEEDS

^Language	What is the child's spoken language? _____ Does your child need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
^Communication	Does the child any communication needs? <input type="checkbox"/> Yes <input type="checkbox"/> No (if YES please specify below) <input type="checkbox"/> Hearing aid <input type="checkbox"/> Large print <input type="checkbox"/> British sign language <input type="checkbox"/> Lip reading <input type="checkbox"/> Braille <input type="checkbox"/> Makaton sign language

MEDICAL HISTORY

Please record any significant medical history

or tick Not Applicable

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**Family Medical History**

Please record any significant family history of close relatives (mother, father, brother, sister, grandparent) with medical details e.g. heart attacks, stroke, diabetes, high blood pressure, asthma, glaucoma, cancer, liver or kidney disease.

Eg: Father – diabetes | Mother – breast cancer

Allergies	Does your child have any significant allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify below)
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MEDICATION

Current Medication	Is your child taking any repeat medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, it is important that we have the repeat medication list (repeat side). A medication review may be necessary before we can issue any repeat medication. Some medicines need regular blood tests to ensure that it is safe to continue using them. If your child is taking Warfarin or medicines for an organ transplant, or is due a blood test soon after joining us, please inform a Patient Adviser so that we can ensure that this happens at the correct time.

Prescriptions are sent to chemists via the Electronic Prescribing Service (EPS). This is an NHS service that enables your prescription to be sent directly to your chosen chemist.	<input type="checkbox"/> Boots Cowes <input type="checkbox"/> Day Lewis Cowes <input type="checkbox"/> Sainsbury's Newport <input type="checkbox"/> Other: _____
^Which chemist would you like your child's prescriptions sent to?	

Note: Pharmacy2U is not a local service; it is mail order/online only



Data Sharing – Patient Data Matters – Please read in full

We maintain our legal duty of confidentiality to patient at all times. We will only ever use or pass on information about patients if others involved in their care have a genuine need for it. We will not disclose information to third parties without permission unless there are exceptional circumstances, such as when the health or safety of others is at risk, or where the law required information to be passed on. Please see the Practice Privacy Notice for further information.

Benefits of sharing information

Sharing information can help improve understanding, responses to different treatments and potential solutions. Information will also help to:

- Provide better information to out of hours and emergency services
- Prevent prescribing of medication to which you may already have an allergy
- Make more informed prescribing decisions about drugs and dosages
- Avoid unnecessary duplication in prescribing
- Increase clinician confidence when providing care
- Reduce referrals, ambulance journey admissions, tests, time wastage and visits to healthcare premises

TPP – SystemOne (Clinical Record System)

The practice uses a clinical computer system called SystemOne to store your medical information. The system is also used by other GP practices, Child Health Services, Community Services, Hospitals, Out of Hours, Palliative Care services and other regulated healthcare professionals. This means information can be shared with other clinicians so that everyone caring for a patient is fully informed about their medical history including medication and allergies. You can control how your child's medical information is shared with other organisations that use this system.

1. Sharing Out: This controls whether information stored in the practice can be shared with other NHS services.
2. Sharing In: This controls whether information at other NHS care services can be viewed by us, your GP practice, or not.

It is important to note that only SystemOne organisations where you have a direct care relationship can access your record.

Summary Care Record (SCR)

The NHS in England has introduced the Summary Care Record. This record will contain information including a patient's name, address, date of birth, and unique NHS Number to help identify them correctly. It will also include medicines, allergies and any bad reactions to medicines to ensure those caring for a patient have enough information to treat them safely. If a patient and their GP decide to include more information it can be added, but only with a patient's (or patient representative) express permission.

A patient's Summary Care Record will be available to authorised healthcare staff providing care anywhere in England, but they will ask permission before they look at it. This means that if a patient has an accident or becomes ill, healthcare staff treating them will have immediate access to important health information. For more information Phone 0300 123 3020 or visit www.nhscarerecords.nhs.uk

Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.



Care and Health Information Exchange

The Care and Health Information Exchange (CHIE) is a secure system which shares health and social care information from GP surgeries, hospitals, community and mental health, social services and others. CHIE helps professionals across Hampshire, the Isle of Wight and surrounding areas provide safer and faster treatment for you and your family by:

- Ensuring that you only have to tell your child's story once.
- Reducing delays to your treatment. For example, by reducing the need to repeat blood tests
- Making sure the doctors, nurses and others involved in your child's care know about your medical history
- Identifying diseases that you might be at increased risk of developing in the future. This can help you take action early to protect your child's health

To protect your privacy and confidentiality, only health and social care professionals who are involved in your child's care are allowed access to their record and can identify your child from it. Your child's information is also used to improve future care for your child, their family and for other patients. This helps plan NHS services and supports medical research.

To keep information safe it is moved to a separate database called 'Care and Health Information Analytics' (CHIA) and changed so that it cannot be used to identify patients. This data is never shared for the benefit of commercial companies like drug manufacturers. People who analyse data on CHIA do not have access to CHIE, so cannot identify individual patients. For more information please see www.careandhealthinformationexchange.org.uk/

National Data

NHS England aims to link information from all the different places where patients receive care, such as hospital, community service and us your child's GP Surgery. This will allow them to compare the care received in one area against the care received in another. Information will be held in a secure environment called the Health and Social Care Information Centre (HSCIC). The role of the HSCIC is to ensure that high quality data is used appropriately to improve patient care. The HSCIC has legal powers to collect and analyse data from all providers of NHS care. They are committed, and legally bound, to the very highest standards of privacy and confidentiality to ensure that your confidential information is protected at all times. This data can also be used, with permission, for research purposes.

For more information, or if you do not wish for your child's data to be used in this way please visit: www.nhs.uk/your-nhs-data-matters/

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

Signed:

<input type="checkbox"/> Tick box if registering & signing on behalf of the patient
Print Name:

Date:

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Data Sharing Consent Choices – Opt-out Form

We maintain our legal duty of confidentiality to you at all times. We will only ever use or pass on information about your child if others involved in their care have a genuine need for it.

If you are happy for your child's data to be shared, you don't need to complete this Opt-out Form.

However, you have the right to prevent confidential information about your child from being shared or used for any purpose other than providing care, except in special circumstances. If you do not wish for information that identifies your child to be shared outside this Practice, please complete this form. This will prevent confidential information being used other than where necessary by law.

Objecting on behalf of others

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.

Medical System (TPP SystemOne)

- I do not agree to information about my child being shared with other services using TPP medical system (Sharing out)
- I do not agree to the practice seeing information recorded at other services using TPP systems (Sharing in)

Summary Care Record

- I do not wish my child to have a Summary Care Record

Care and Health Information Exchange (CHIE)

If you wish to opt out of CHIE for your child, the Practice cannot opt out for you - please complete the relevant form available from www.careandhealthinformationexchange.org.uk/find-out-more/

National Data

Patient data may sometimes be used for research and planning to improve healthcare services. The practice cannot opt out for you. For more information, or if you do not wish for your child's data to be used in this way, please visit www.nhs.uk/your-nhs-data-matters/

Your details if you are Opting-Out on behalf of a child

Your Name (if not patient)			
Relationship to patient			
Your Signature		Date	