

Stockton Heath Medical Centre NHS Registration Form - Child

Office Use only

Date received

Staff Initials

Basic Details

NHS Number:

Mr

Miss

Mx

Other:

First Name:

Middle Names:

Last Name:

Which gender was your child assigned at birth?

Male

Female

Intersex/Undefined

If different, how do they identify themselves now?

First name known as:

Male

Female

Non-Binary

Transgender

Other:

Date of Birth:

Town & Country of Birth:

What is your child's Ethnic Origin?

What is their Religion?

Is English their first language? Yes No Do you need an interpreter? Yes No

If No: What is their first language?

Phone numbers (please indicate preferred by underlining):

Mobile:

Home:

Other:

Home Address & Postcode:

Previous UK Address:

Email Address: (please write clearly)

Previous GP Name & Address:

If your child was born abroad

First UK address where registered with a GP

Date of leaving the UK

Date you came to live in the UK

More information about your child ...

Next of Kin: Name & Phone Number

Are they registered here?

Yes No

Relationship to child:

Disabilities

Please select any of the following that apply to your child:

- | | |
|---|--|
| <input type="checkbox"/> Blind or Partially Sighted | <input type="checkbox"/> Mute or Unable to Speak |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Reading or Writing Difficulties |
| <input type="checkbox"/> Wheelchair user* | <input type="checkbox"/> Cannot use stairs* |

**BHCW will make sure you can be seen on the ground floor if you wish*

For any of the above, is there anything we can do to help our communication?

Carer Info

If your child has a long-term condition, are you or someone else a carer for your child?

Yes No

If so, who?

Is your child a carer for you or another family member?

Yes No

If so, who caring for?

Health Habits

Does your child have any serious allergies we need to know about?

Yes No If so, please give details:

Does your child have any serious illnesses or operations we need to know about?

Yes No If so, please give details:

Health History

Please indicate whether any family member has suffered from any of the following:

- Heart Attack (MI), Angina, or other Chronic Heart Disease
- Heart Failure
- Atrial Fibrillation or other Arrhythmia (if so, please define)
- Hypertension (High Blood Pressure)
- Stroke or TIA (Transient Ischaemic Attack or 'mini-stroke')
- Diabetes - Type 1
- Diabetes - Type 2
- Peripheral Vascular Disease
- Asthma
- COPD (Chronic Obstructive Pulmonary Disease)
- Epilepsy
- Hypothyroidism (underactive thyroid)
- Kidney Disease
- Coeliac disease
- Inflammatory Bowel Disease (Crohn's or Ulcerative Colitis)
- Rheumatoid Arthritis or SLE (Lupus)
- Depression
- Schizophrenia, Bipolar Disorder, or other Psychoses
- Cancer (if so, what type?)
- Dementia including Alzheimer's
- Parkinson's Disease
- Learning Disabilities
- Genetic Disorders
- Taking immunosuppressive or biological therapies (if so, what and what for?)

Use this space to give details,
e.g date of diagnosis / family
member / other info

Communication & Contact Methods

Online Services

Would you like to register your child for online NHS services?

Online services include making or cancelling appointments, ordering repeat prescriptions, and sending non-urgent messages to the practice.

Yes Please No Thanks

Under 16s must access their online services through their parent/legal guardian.

Who will be allowed to access your child's online services and records?

Name:	Relationship to child:
Name:	Relationship to child:

Communication Preferences

Please give your consent and how you would prefer to be contacted by the practice about all aspects of your child's healthcare including communicating results, consultations or follow-up of care, other healthcare communications, appointment confirmation and reminders. [Results and appointment info is normally sent by text/online message.]

SMS Text Email Letter

Which if these is your preferred method of contact?

SMS Text Email Letter

Medical Records – Detailed Access

Would you like Detailed Access to your child's Medical Records Online?

Yes Please* No Thanks

**please see reception for more information and extra forms*

Newsletter

Are you happy to receive the practice newsletter via email?

Yes Please No Thanks

Pharmacy

Please nominate a pharmacist for your child's electronic prescriptions – some local pharmacists are listed below. EPS is reliable, secure, safe and confidential.

For further info: <https://www.nhs.uk/nhs-services/prescriptions-and-pharmacies/electronic-prescriptions/>

- | | |
|--|---|
| <input type="checkbox"/> Stockton Heath Pharmacy | <input type="checkbox"/> Click Pharmacy |
| <input type="checkbox"/> Browns Pharmacy | <input type="checkbox"/> Hughes Chemist |
| <input type="checkbox"/> Boots (London Road) | <input type="checkbox"/> |

Other:

Summary Care Record

A Summary Care Record (SCR) contains information from your child's GP medical records about their medicines, allergies, and bad reactions to drugs, to ensure those caring for your child have enough information to treat them safely.

An enhanced SCR with Additional Information (SCR+AI) contains further information from your GP medical records about your child's long-term conditions, significant medical history, treatment preferences (care planning), carer's details, and communication needs (e.g. hearing difficulties or interpreter requirements) which may improve their healthcare experience by enriching the information available to healthcare staff outside of your child's GP practice.

Your child's Summary Care Record will be available to authorised healthcare staff, providing their care anywhere in England, and they will ask your permission before they look at it. This means if there is an accident or emergency, your child attends a clinic appointment or pharmacist, or if they are away from their usual GP practice or it is closed, healthcare staff will still have access to important information about your child's health with your consent.

For further information go to: <https://digital.nhs.uk/services/summary-care-records-scr/summary-care-records-scr-information-for-patients> and on the practice website privacy notice under policies.

A Summary Care Record (SCR+AI) will be created automatically for your child unless you wish to opt-out. You have three choices:

- Yes (default) – please create an enhanced Summary Care Record with Additional Information (SCR+AI)
- Yes – please create a basic Summary Care Record (SCR) only
- No – please do not create a Summary Care Record for my child (*I understand that this will prevent healthcare professionals from accessing medical information about my child under any circumstances, even in an emergency, and may affect their care*)

Data Sharing

The NHS Constitution states, 'You have a right to request that your personal and confidential information is not used beyond your own care and treatment and to have your objections considered'. You can choose if data from your child's health records is used for research and planning. To find out more or to register your choice to opt-out, please visit <https://www.nhs.uk/your-nhs-data-matters/>.

Declaration

Thank you for completing your application form for your child's registration.

Their NHS GP practice registration at BHWC will take *at least 2 working days* to process. You may be contacted to clarify details you have submitted.

You will be informed when your child's registration has been successfully completed.

Once your child turns 16 years old, they will have control on access to their information.

Please sign and date here to declare that the information given above is correct to the best of your knowledge:

Your Signature

DD/MM/YYYY

Name & relationship: