

# New Patient Registration Form - Child

Please complete all pages in full using block capitals

## 1. Background Details

### Your Child Details

NHS Number			
Child Name		Gender	
Address		Date of Birth	
		Home Telephone	

### Parent or Guardian Details

Your Name		Relationship	
Address		Home Telephone	
		Work Telephone	
Mobile Telephone	I consent to be contacted* by SMS on this number:		
Email	I consent to be contacted* by email at this address:		
Family Registered With Us			

\* It is your responsibility to keep us updated with any changes to your telephone number, email & postal address.  
 We may contact you with appointment details, test results or health campaigns or Patient Participation Group details  
 If you do not consent to being contacted by SMS or Email, please tick here:  SMS  Email

### Other Details

Previous GP	Name:	Address:		
Country of Birth				
School				
Ethnicity	<input type="checkbox"/> White (UK)	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Arabic
	<input type="checkbox"/> White (Irish)	<input type="checkbox"/> Black African	<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese
	<input type="checkbox"/> White (Other)	<input type="checkbox"/> Black Other	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other
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	
Housing	<input type="checkbox"/> Own Home	<input type="checkbox"/> Shared House	<input type="checkbox"/> Asylum Seeker	
	<input type="checkbox"/> Rented Home	<input type="checkbox"/> Sheltered House	<input type="checkbox"/> Refugee	
Overseas Visitor	<input type="checkbox"/> Yes	<input type="checkbox"/> European Health Insurance Card Held (please bring details with you)		
Armed Forces	<input type="checkbox"/> Family Member			

Communication Needs	
Language	What is your main spoken language? Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Communication	Do you have any communication needs? <input type="checkbox"/> Yes <input type="checkbox"/> No (If <b>Yes</b> 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 <input type="checkbox"/> Guide dog
Learning disability	Do you have a Learning Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No (If <b>Yes</b> please request a Learning Disability Screening Tool form)

Carer Details	
Are you a carer?	<input type="checkbox"/> Yes – Informal / Unpaid Carer <input type="checkbox"/> Yes – Occupational / Paid Carer <input type="checkbox"/> No
Do you <b>have</b> a carer?	<input type="checkbox"/> Yes      Name*:      Tel:      Relationship:

*\* Only add carer's details if they give their consent to have these details stored on your medical record*

## 2. Medical History

Medical History
Has your child suffered from any of the following conditions? <input type="checkbox"/> Asthma <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy Any other conditions, operations or hospital admission details:  If your child is currently under the care of a Hospital or Consultant outside our area, please tell us here:

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  <input type="checkbox"/> Asthma..... <input type="checkbox"/> Heart Disease..... <input type="checkbox"/> Diabetes..... <input type="checkbox"/> Depression..... <input type="checkbox"/> COPD..... <input type="checkbox"/> Stroke..... <input type="checkbox"/> Kidney Disease..... <input type="checkbox"/> Thyroid..... <input type="checkbox"/> Epilepsy..... <input type="checkbox"/> Blood Pressure..... <input type="checkbox"/> Liver Disease..... <input type="checkbox"/> Cancer..... Other:

Allergies
Please record any allergies or sensitivities below

Current Medication
Please attach if possible a copy of your repeat prescription request and include any other medication you may be taking which does not appear on your list. PLEASE NOTE AN APPOINTMENT WITH THE GP MAY BE NECESSARY FOR A MEDICATION REVIEW.

### 3. Further Details

#### Electronic Prescribing

If you would like your child's prescriptions to go electronically, please provide details of the pharmacy you would like to use:

Not currently available

#### Parent or Guardian Signature

Signature

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

Name

Date

#### Checklist

Please ensure the following are done and provided so that your registration can be completed successfully

- Completed & Signed Above Form
- Completed & Signed GMS1 Form
- Birth Certificate
- Photo Proof of ID e.g. Passport, Photo Driving License or Photo ID card
- Proof of Address e.g. Bank statement, Utility Bill or Council Tax from within the last 3 months

#### Practice Use Only

Appointment	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required		
Photo ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving licence	<input type="checkbox"/> Identity card	<input type="checkbox"/> Other
Proof of Address	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Council Tax	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Other

## 4. Sharing Your Health Record

### EDSM – Enhanced Data Sharing Model “SystemOne”

**Sharing Out** – Do you consent to the sharing of data recorded by your GP practice with other NHS organisations that may care for you?

- YES share data with other NHS organisations (recommended)
- NO do NOT share any data recorded by my GP Practice; I fully accept the risks associated with this decision

**Sharing In** – Do you consent to your GP Practice viewing data that is recorded at other NHS organisations and care services that may care for you?

- Consent Given (recommended)
- Consent Refused; I fully accept the risks associated with this decision.

### Your Summary Care Record (SCR)

- Express consent for medication, allergies and adverse reactions only
- Express consent for medication, allergies, adverse reactions and additional info (recommended)
- Express dissent – Patient does not want a summary care record and fully understands the risks involved with this decision

### Parent or Guardian Signature

Signature	
Name	
Date	



## SHARING YOUR NHS PATIENT DATA

Information sharing in the NHS is subject to rigorous regulation and governance to ensure your full identifiable and personal medical data is kept confidential and only ever seen by carefully vetted doctors, nurses and administrative staff responsible for overseeing your care.

With the development of information technology the NHS will increasingly be sharing key information from your GP medical notes with Out of Hours GP Services, Hospital A&E Units, Community Hospitals, Community Nurses all of whom may at various times in your life be looking after you. Sharing information can improve both the quality and safety of care you receive and in some cases can be vital in making life-saving decisions about your treatment.

There are currently two different elements of “sharing NHS patient information”

- **SCR = The NHS Summary Care Record**
- **EDSM = The Enhanced Data Sharing Model “SystemOne”**

We ask you please to read the information on this document carefully and complete the relevant fields on the attached form and return it to your GP surgery.

### SCR = NHS SUMMARY CARE RECORD

The NHS Summary Care Record was introduced many years ago to help deliver better and safer care; it contains basic information about:

- Any allergies you may have,
- Unexpected reactions to medications, and
- Any prescriptions you have recently received.

The intention of the SCR is to help clinicians in Hospital A&E Departments and GP ‘Out of Hours’ health services to give you safe, timely and effective treatment. Clinicians are only allowed to access your SCR record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Over time, health professionals treating you may add details about any health problems and summaries of your care. Every time further information is added to your record, you will be asked if you agree (explicit consent).

Patients under 16 years have an NHS Summary Care Record created for them so if you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf.

### EDSM = ENHANCED DATA SHARING MODEL “SYSTEMONE”

The database and software used to store your GP health record is called “SystemOne” it is a very secure national system used by over 2000 GP practices and 4800 NHS organisations including GP out of hour’s services, children’s services, community services and some hospitals. All the GP Practices in the Newton Abbot locality use this same confidential clinical computer system. The system gives your GP the facility to share your record with other NHS health providers that use the same clinical computer system and are involved in your care for example the local Community Nurses who may look after you if you when you leave hospital or become terminally ill or housebound. Allowing your GP to share your record in the “SystemOne” database helps to deliver better and safer care for you. It is the policy of all local GP practices to automatically opt registered patients into “SystemOne” sharing unless they expressly decline. Those patients who choose to decline are able to determine if their data is “shared out” and/or “shared in”

**Sharing OUT** controls whether information recorded at our GP practice can be shared with other NHS health care providers.

**Sharing IN** determines whether or not our GP practice can view information in your record that has been entered by other NHS services who are providing care for you or who may provide care for you in the future (*that you have consented to share out*).

For further information about your health records, please see: [www.nhs.uk/NHSEngland/thenhs/records](http://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)