

FRONT STREET SURGERY

14 Front Street, Acomb, York, YO24 3BZ

Website: www.frontstreetsurgery.nhs.uk Facebook: Front Street Surgery

New Patient Registration Form – Child

Please complete all pages in full using block capitals

1. Background Details

Your Child Details

NHS Number			
First Name		Surname	
Address		Date of Birth	

Parent or Guardian Details

Your Name		Relationship	
Address		Home Telephone	
Mobile Telephone *			
Email *			
List any other family members registered with us			

* By providing a mobile number and/or email address, we assume your consent for contacting you by SMS and/or email

Child's Details – continued.

Previous GP	Name:	Address:	
Town/Country of Birth			
School			
Ethnicity	<input type="checkbox"/> White (UK) <input type="checkbox"/> White (Irish) <input type="checkbox"/> White (Other)	<input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black Other	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani
Religion	<input type="checkbox"/> C of E <input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian	<input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim	<input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Other <input type="checkbox"/> Sikh <input type="checkbox"/> Jewish <input type="checkbox"/> Jehovah's <input type="checkbox"/> No religion <input type="checkbox"/> Other:
Housing	<input type="checkbox"/> Own Home <input type="checkbox"/> Rented Home	<input type="checkbox"/> Shared House <input type="checkbox"/> Sheltered House	<input type="checkbox"/> Asylum Seeker <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		

Child's 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 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 <input type="checkbox"/> Guide dog
Learning disability	Do you have a Learning Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No

Carer Details

Is the child a carer?	<input type="checkbox"/> Yes – Informal / Unpaid Carer <input type="checkbox"/> Yes – Occupational / Paid Carer <input type="checkbox"/> No			
Does the child have 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*

Medical History

Has your child suffered from any of the following conditions?
 Asthma Depression Diabetes 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 of the child 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.

3. Further Details

Electronic Prescribing

Please name the Pharmacy you would like any prescriptions to be sent electronically to:

Pharmacy:

4. Sharing Your Health Record

Your Health Record

Sharing Out

Do you consent to your GP Practice sharing your Child's health record with other organisations who care for them?

- Yes (*recommended option*)
 No

Sharing In

Do you consent to your GP Practice viewing your Child's health record from other organisations that care for them?

- Yes (*recommended option*)
 No

Your Summary Care Record (SCR)

Do you consent to your child having an Enhanced Summary Care Record with Additional Information?

- Yes (*recommended option*)
 No

Parent or Guardian Signature

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

Sharing Your Health Record

What is your health record?

Your health record contains all the clinical information about the care you receive. When you need medical assistance it is essential that clinicians can securely access your health record. This allows them to have the necessary information about your medical background to help them identify the best way to help you. This information may include your medical history, medications and allergies.

Why is sharing important?

Health records about you can be held in various places, including your GP practice and any hospital where you have had treatment. Sharing your health record will ensure you receive the best possible care and treatment wherever you are and whenever you need it. Choosing not to share your health record could have an impact on the future care and treatment you receive. Below are some examples of how sharing your health record can benefit you:

- Sharing your contact details This will ensure you receive any medical appointments without delay
- Sharing your medical history This will ensure emergency services accurately assess you if needed
- Sharing your medication list This will ensure that you receive the most appropriate medication
- Sharing your allergies This will prevent you being given something to which you are allergic
- Sharing your test results This will prevent further unnecessary tests being required

Is my health record secure?

Yes. There are safeguards in place to make sure only organisations you have authorised to view your records can do so. You can also request information regarding who has accessed your information from both within and outside of your surgery.

Can I decide who I share my health record with?

Yes. You decide who has access to your health record. For your health record to be shared between organisations that provide care to you, your consent must be gained.

Can I change my mind?

Yes. You can change your mind at any time about sharing your health record, please just let us know.

Can someone else consent on my behalf?

If you do not have capacity to consent and have a Lasting Power of Attorney, they may consent on your behalf. If you do not have a Lasting Power of Attorney, then a decision in best interests can be made by those caring for you.

What about parental responsibility?

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.

What is your Summary Care Record?

Your Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This can be viewed by GP practices, Hospitals and the Emergency Services. If you do not want a Summary Care Record, please ask your GP practice for the appropriate opt out form. With your consent, additional information can be added to create an Enhanced Summary Care Record. This could include your care plans which will help ensure that you receive the appropriate care in the future.

How is my personal information protected?

<Organisation Details> will always protect your personal information. For further information about this, please see our Privacy Notice on our website or please speak to a member of our team

For further information about your health records, please see: 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