



CHURCH WALK SURGERY

NEW PATIENT REGISTRATION FORM – CHILD (0-17)

Welcome to Church Walk Surgery

To register with this practice, please complete this questionnaire as fully as possible. The questions have been designed to help your new GP get to know you and your medical history. It may take some time for your previous medical records to reach us. The information you give will help us to provide you with good medical care

1. Background Details

Your Child Details			
NHS Number	If you have had a previous GP then you will find this on letters/prescriptions or at www.nhs.uk/find-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:		

*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, 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	
Ethnicity	<input type="checkbox"/> White (UK) <input type="checkbox"/> Polish <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> White (Other) <input type="checkbox"/> Romanian <input type="checkbox"/> Black African <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="checkbox"/> Bulgarian <input type="checkbox"/> Estonian/Latvian/Lithuanian <input type="checkbox"/> Black Other <input type="checkbox"/> Pakistani <input type="checkbox"/> Refuse to answer
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"/> Living with Parents <input type="checkbox"/> Homeless <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Own Home <input type="checkbox"/> Housebound <input type="checkbox"/> Refugee
Employment	<input type="checkbox"/> Student <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Refuse to answer
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 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 (If Yes 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 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

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				
Any known allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Allergic to	
Details of the reaction				

Repeat Medication		
Are you on any repeat medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please attach your repeat medication slip to this form. Please ensure you have up to 28 days supply from your current practice.		

3. Your Lifestyle

Smoking

Do you smoke?	<input type="checkbox"/> Never smoked	<input type="checkbox"/> Ex-smoker	<input type="checkbox"/> Yes		
Do you use an e-Cigarette?	<input type="checkbox"/> No	<input type="checkbox"/> Ex-User	<input type="checkbox"/> Yes		
How many cigarettes did/do you smoke a day?	<input type="checkbox"/> Less than one	<input type="checkbox"/> 1-9	<input type="checkbox"/> 10-19	<input type="checkbox"/> 20-39	<input type="checkbox"/> 40+
Would you like help to quit smoking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	For further information, please see: www.nhs.uk/smokefree		

Women Only

Do you use any contraception?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If needed, please book appointment.
Do you have a coil or implant in situ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date inserted:
Are you currently pregnant or think you may be?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expected due date:

4. Further Details

Electronic Prescribing – for non-dispensing patients (we can dispense medication to you depending on your address – please speak to reception/dispensary)

If you would like your prescriptions to be sent electronically, please provide details of the pharmacy you would like to use:	Pharmacy:
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Parent or Guardian Signature

Signature	I confirm that the information I have provided is true to the best of my knowledge. <input type="checkbox"/> Signed on behalf of patient
Name	
Date	

5. Sharing Your Health Record

Your Health Record

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

Yes (*recommended option*)
 No, never

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

Yes (*recommended option*)
 No

Your Summary Care Record (SCR)

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

Yes (*recommended option*)
 No

Signature

Signature	<input type="checkbox"/> Signed on behalf of patient
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?

Church Walk Surgery 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

SMS (Short Message Service) Text Messaging

We are always looking at ways to improve our communication to patients.

SMS text messaging is currently being used by other organisations (including dentists, banks and schools) for appointment reminders and release of general information and we are able to use this facility, with your permission.

Care will be taken to ensure that no personal information is released using this service and the Practice will continue to observe the strictest controls with regard to holding your personal information in confidence. Please consider who else has access to your mobile phone and could also see these text messages before consenting to us sending them.

Initially, an SMS text message will be sent the day before the appointment is due as a reminder. We can also send a text containing your appointment details once you have booked an appointment if you would like us to. Please ask at the time of booking for a confirmation text.

For now, this service is not available for 13 to 15 year olds, although they will be able to re-register in their own right from their 16th birthday.

If you have a mobile phone, are over 16 or are the Parent/Guardian of a child under 13 and would like to receive SMS messages then please complete the slip below and hand it in at reception. Parents/Guardians are able to register their children who are under the age of 13 years but once the child reaches their 13th birthday, this facility will be removed. This is to ensure that patient confidentiality is maintained. The requesting Parent/Guardian must be registered at the same address as the child in order to access this service.

You may withdraw your consent at any time by notifying Reception either verbally or in writing.

Patient's Surname:			
Patient's Forename(s):			
Patient's Date of Birth:			
Patient's Address:			
Mobile number to be used:			
If details are for a child under 13 – Parent/Guardian's Full Name			
Patient or Parent/Guardian signature:		Date:	

Disclaimer

If you agree to Church Walk Surgery contacting you via the telephone number above, we agree to adhere to the following:

1. The telephone number you have provided will only be used by Church Walk Surgery in relation to the healthcare services offered by the Practice. You will not be contacted in relation to any other types of products or services and your information will not be passed onto any other parties.
2. If at any time you would like to opt-out of the above services, please make a personal request to the Practice and you will be opted out of the service within 48 hours. We would ask that you provide your reason for opting out to help us review and improve the service in the future.