

Please use a **BLACK PEN** when completing this form

Manor Road Surgery

Child Patient Registration form

If you live in our catchment area we will happy to register you at our surgery.

What you will need to bring with you to register at the Practice:

- * NHS number – You can obtain this from your Current GP
- * Current GP's name and address
- * Current proof of address (Utility bill, bank statement)
- * Photo ID (Passport, driving licence)

If newly arrived in the country:

- * Passport – with Visa
- * 2 current proof of address

1. HAS PATIENT BEEN REGISTERED WITH MANOR ROAD PRACTICE BEFORE? YES / NO

Personal Details

Mr/Miss _____

NHS Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname _____ First Name _____

Date of Birth

--	--	--	--	--	--	--	--	--	--

PARENT / LEGAL GUARDIAN DETAILS

In line with the Government's Child Protection procedures, we are now required to ask for specific information on all new patients registering with us under the age of 16 years. We would very much appreciate your help in this matter, and any information you provide will be regarded as confidential

1. Next of kin and carer status

Name of main carer (with parental responsibility) _____

Relationship to this child? _____

Contact number of main carer _____

Social services involvement? _____

If yes please provide details of social worker _____

2. Which school does your child attend? _____

3. Accessible Information:

Does the child need help with mobility/hearing/speaking? (Tick all that apply)

[] Wheelchair [] Walking aid [] Hearing aid [] British sign language [] Makaton sign language

[] Lip reading [] Large print [] Braille [] Other. Please state:.....

4. Does the child require an interpreter? Yes [] No [] If yes, which language?:

5. Do you know your child's height and weight?

Height _____ Weight _____

6. **IMMUNISATIONS**

Has your child had their immunisations? **YES** **NO**

Please list the immunisations that have been given in the past from the details in this child's 'Red book' or provide a copy of immunisations administered oversea's

Immunisation _____	Date _____
Immunisation _____	Date _____
Immunisation _____	Date _____
Immunisation _____	Date _____
Immunisation _____	Date _____
Immunisation _____	Date _____
Immunisation _____	Date _____
Immunisation _____	Date _____

If your child is not up to date with their immunisations please MAKE AN APPOINTMENT with the practice nurse

7. **Repeat Medication**

The practice uses electronic prescribing for all repeat prescriptions. Please state which chemist you use on a regular basis so we may add this to your records.

Nominated Chemist for EPS: _____

Is the child you on REPEAT MEDICATION? YES NO

IF YES - Please attach a list of the child's current medication with this form

Contacting Children

I agree that the child may be contacted from time to time, via email and/or SMS, with practice news, advice about health and/or appointment reminders.

Tick this box to opt out of text message reminders.

Ethnicity Please tick appropriate group from the list below:

Do NOT wish ethnicity to be recorded		Pakistani	
White British		Bangladeshi	
White Irish		Other Asian Origin	
Other White		Black Caribbean	
Mixed Black Caribbean/White		Black African	
Mixed Black African/White		Other Black Origin	
Mixed White/Asian		Chinese	
Mixed other Origin		Any other Ethnicity	
Indian			

Child carers detailsDoes the child provide care/support for anyone who is disabled, infirm or ill **YES / NO**

If YES, who? _____

Does the child have a carer? **YES / NO** If **YES**, who is the carer? _____

Carers contact phone number _____

Emergency contact details - Please complete as much detail as possible

Relationship to patient		
Name		
Address		
Home Telephone		
Work Telephone		
Mobile Telephone		
Can the above person be contacted by the GP in the event of an emergency?	YES	NO
Do you give consent for the child's medical records to be discussed with this person in the event of an emergency?	YES	NO

Online Access

Online Access is a service for our patients to book and cancel online appointments with a doctor, view and request repeat prescriptions and view certain areas of your medical records.

To register please complete the following form and provide photo ID. For further information please ask at reception or view the terms and conditions on our 'Patient online access page' on our website: <http://www.14manor-road.co.uk/>

I would like my child signed up for Online Access

DATA SHARING

Summary Care Records contain key information about the medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had in the past.

Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out.

You will be able to add other information too if you and your GP agree that it is a good idea to do so. If you have an accident or fall ill, the people caring for you in places like accident and emergency departments and GP out of hours services will be better equipped to treat you if they have this information. Your Summary Care Record will be available to authorised healthcare staff whenever and wherever you need treatment in England, and they will ask your permission before they look at it.

You need to make a decision. Your GP practice is supporting Summary Care Records and as a patient you have a choice:

• **Yes, I would like the child to have a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you in due course once you have selected which record you would like below:

- Implied consent for medication, allergies and adverse reactions only
- Implied consent for medication, allergies, adverse reactions only and additional information
- No I do not want the child to have a Summary Care Record

You are free to change your decision at any time by informing your GP practice.

Primary carer Signature: _____

Date: _____

If you need help completing this form please ask a member of staff who will be happy to assist.

Please complete all sections of the form.

Incomplete forms may not be processed and will delay your registration.