

## **New Born Baby Registration**

- 1) Please complete registration pack carefully and in full, pages 5 to 8.
- 2) Please remember to sign and date both the GMS1 form and page 7 of the pack.
- 3) Please sign and date The Summary Care Record Form on page 8. (you have a choice if you would like your child's health record to be viewed by other professionals, information is attached please read, You can opt in and out at any time) please indicate your preference on the form.

**\*Please keep us updated with any changes to your telephone number, email & postal address. This helps us when we need to contact you via telephone/text/mail with appointment details, test results and health campaigns. Communications Policy available to view please ask a member of staff**

## Summary Care Records

If you are registered with a GP practice in England you will have a Summary Care Record (SCR), unless you have previously chosen not to have one. It includes important information about your health:

- Medicines you are taking
- Allergies you suffer from
- Any bad reactions to medicines

Every time you visit an NHS or social care service, information about you and the care you receive is recorded and stored in the Summary Care Record. This is so people caring for you can make the best decisions about your care.

You may need to be treated by health care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs. Having an SCR means that when you need healthcare you can be helped to recall vital information.

SCRs can help the staff involved in your care make better and safer decisions about how best to treat you.

You can choose to have additional information included in your SCR, which can enhance the care you receive. This information includes:

Your illnesses and health problems

- Operations and Vaccinations you have had in the past.
- How you would like to be treated – such as where you would prefer to receive your care.
- What support you might need.
- Who should be contacted for more information about you
- During the coronavirus outbreak, you will also have extra information added to your record.

You cannot get your Summary Care Record online. If you'd like to see it, speak to your GP.

If you think your health record is incorrect, you should let your GP or other health professional know and they will help you to update it.

If you would like this information adding to your SCR (or the SCR of someone you are a carer for), Please contact the practice Health Care Assistant.



**Help us to help you,** Certain information will be shared with emergency services—this is called a

### Summary Care Record



**You have the right to opt out. – See Reception or website for form.**

## **Sharing 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.

Information about your health and care helps the NHS to improve your individual care, speed up diagnosis, plan your local services and research new treatments.

NHS Digital has a legal responsibility to collect data about NHS and social care services.

The NHS cannot analyse all information on its own, so at times information is safely and securely shared with researchers, analysts and organisations who are experts in making sense of complex information. The only information shared is what's needed for each piece of research, and wherever possible, information is removed so that you cannot be identified.

Dr Kaul and Partners are one of many organisations working in the health and care system to improve care for patients and the public.

Whenever you use a health or care service, such as attending Accident & Emergency or using Community Care services, important information about you is collected in a patient record for that service. Collecting this information helps to ensure you get the best possible care and treatment.

The information collected about you when you use these services can also be used and provided to other organisations for purposes beyond your individual care, for instance to help with:

- improving the quality and standards of care provided
- research into the development of new treatments
- preventing illness and diseases
- monitoring safety
- planning services

You can choose to or not to have information about you shared or used for any purpose beyond providing your own treatment or care and if at any point you have changed your mind then you just need to notify us.

If you have parental responsibility and your child is not able to make an informed decision for themselves then you can make, a decision on selected, or all, of the information sharing on behalf of your child.

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

You can also find out more about how patient information is used at:

<https://www.hra.nhs.uk/information-about-patients/> (which covers health and care research); and

<https://understandingpatientdata.org.uk/what-you-need-know> (which covers how and why patient information is used, the safeguards and how decisions are made)

## **You have a choice**

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- a) **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies and adverse reactions only.
- b) **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies and adverse reactions and further medical information that includes: Your significant illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
- c) **Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

Please note that it is not compulsory for you to complete this consent form. If you choose not to complete this form, a Summary Care Record containing information about your medication, allergies and adverse reactions and additional further medical information will be created for you as described in point b) above.

Alternately please find further information on how to register your choice via the internet or to opt out, please visit [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters)

## **New Born Baby Registration**

This form must be completed in full – Incomplete forms will not be processed. If questions on this form are not applicable to you then please state N/A.

### **Registration requirements**

Once you have completed the registration pack please use the tick box below as a guide.

**Select with and an X verification of identity being provided;**

<u><b>NHS Identification</b></u>	<u><b>Tick</b></u>	<u><b>Evidence of identity</b></u>	<u><b>Tick</b></u>
GMS1 Form (Please keep attached with registration pack)	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>
		Red Book (If under the age of 5)	<input type="checkbox"/>

For more Information about the practice, please visit our website: [www.leamoregp.co.uk](http://www.leamoregp.co.uk)

Practice leaflet available please ask at reception

## **Childs Details**

Title; Miss, Master: \_\_\_\_\_ Forenames: \_\_\_\_\_ Surname: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Gender; F  M

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth; \_\_\_\_\_

Home Tel: \_\_\_\_\_

Place of Birth; \_\_\_\_\_ Nationality; \_\_\_\_\_

## **Parent & Guardian**

### **1 Parent/Guardian**

Name; \_\_\_\_\_

Address; \_\_\_\_\_

PostCode: \_\_\_\_\_ Tel; \_\_\_\_\_

Mobile; \_\_\_\_\_ Work; \_\_\_\_\_

Email; \_\_\_\_\_ Preferred Contact; \_\_\_\_\_

Preferred Contact; Home  Mobile  Email

### **2 Parent/Guardian**

Name; \_\_\_\_\_

Address; \_\_\_\_\_

PostCode: \_\_\_\_\_ Tel; \_\_\_\_\_

Mobile; \_\_\_\_\_ Work; \_\_\_\_\_

Email; \_\_\_\_\_ Preferred Contact; \_\_\_\_\_

Preferred Contact; Home  Mobile  Email

## **Your Next of Kin Information**

Your Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

## **ETHNIC GROUP DATA COLLECTION - STRICTLY CONFIDENTIAL**

The Health Service needs to know the ethnic group of patients for the purpose of planning. This is to make sure that all sectors of the community have equal access to the services provided. Ethnic group describes how you see yourself, and is a mixture of culture, religion, skin colour, language, the origins of yourself or your family. It is not the same as nationality. The information given will be treated in the strictest confidence. The information is used only by National Health Service Staff and will not be passed on to other agencies or used for any other purposes.

Please select below:

<input type="checkbox"/> White - British	<input type="checkbox"/> White – Irish	<input type="checkbox"/> Any other White	<input type="checkbox"/> Mixed - White and black Caribbean	<input type="checkbox"/> Mixed – White and black African
<input type="checkbox"/> Mixed White and Asian	<input type="checkbox"/> Any other mixed group	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other Asian background
<input type="checkbox"/> Indian	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Black African	<input type="checkbox"/> Any Other Black background	<input type="checkbox"/> Chinese
Any other Ethnic group! <small>text.</small>		Do Not Want to Give Ethnic Group <small>Click or tap here to enter text.</small>		
Is English your first language? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, please specify: <small>Click or tap here to enter text.</small>				

### **Electronic Prescriptions - EPS**

We use Electronic Prescribing Service please nominate a pharmacy of your choice or select from the list below.

118 Pharmacy

Broadstone:  Coalpool;  Harden;  Pritchards;

Other: \_\_\_\_\_

Who is the child's main carer?

Name; \_\_\_\_\_ Relationship to the child; \_\_\_\_\_

Please sign, date and print name on completion.

Parent /Guardian Signature			
Signature		Date:	

I confirm that the information provided in this registration is correct and to the best of my knowledge.

Print Name:		Date:	
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## Summary Care Record Patient Consent Form

Having read the information regarding your choices, please choose **one** of the options below and return the completed form to your GP Practice:

### **Yes – I would like a Summary Care Record**

Express consent for medication, allergies and adverse reactions only.

### **Or**

Express consent for medication, allergies, adverse reactions and additional information.

### **No – I would not like a Summary Care Record**

Express dissent for Summary Care Record (opt out).

Name of Patient: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Date of Birth: Click or tap to enter a date.

NHS Number (if known): \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** Click or tap to enter a date.

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name: \_\_\_\_\_

**Please select one:** Parent:  Legal Guardian:  Lasting power of attorney   
for health and welfare:

If you require any more information, please visit <http://digital.nhs.uk/scr/patients> or phone NHS Digital on 0300 303 5678 or speak to your GP practice.