

New Patient Registration Form (Children: under 16s)

Date:

Please complete a separate form for each child

| | | | |
|--|--|---|--------------------------------------|
| Full Name: | | Telephone Number: | |
| Title : Mr <input type="checkbox"/> | | Miss <input type="checkbox"/> | |
| Other. <i>Please state</i> : | | Mobile tel. number: We will use this to send appointment reminders and health promotion details. Please tick here if you do not wish to receive messages from us: <input type="checkbox"/> | |
| NHS number if known: | | | |
| Address: | | E-mail address: | |
| Postcode: | | Next of Kin: | |
| How would like us to contact you about your child, Please indicate 1st choice: | | Next of Kin Relationship to child: | |
| Letter <input type="checkbox"/> Email <input type="checkbox"/> SMS (text) <input type="checkbox"/> | | Next of Kin contact tel. number: | |
| Date of Birth: | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | Mothers name if different: | |
| Town* and Country of birth | | Country: | Borough (*If born in London): |
| (*If town is London please state which Borough) | | Town: | |
| Please list other relatives of your home who are registered with us: | | | |
| Relationship: | Name: | Date of Birth: | |

| | | | |
|--|---|--|--|
| Your Child's Ethnic Origin (Please tick one) | White (UK) <input type="checkbox"/> | White (Irish) <input type="checkbox"/> | White (Other) <input type="checkbox"/> |
| Black Caribbean / British <input type="checkbox"/> | Indian / British Indian <input type="checkbox"/> | Arabic <input type="checkbox"/> | Other Mixed Background <input type="checkbox"/> |
| Black African / British <input type="checkbox"/> | Pakistani / <input type="checkbox"/> British Pakistani | Chinese <input type="checkbox"/> | Other Asian Background <input type="checkbox"/> |
| Other Black Background <input type="checkbox"/> | Bangladeshi / <input type="checkbox"/> British Bangladeshi | Other <input type="checkbox"/> | Ethnic Category Refused <input type="checkbox"/> |

| | |
|--|---|
| Online Services | |
| You can now do the following online or via the SystmOnline app: <ul style="list-style-type: none"> Book and cancel appointments, order repeat prescriptions, view the Detailed Medical Record for your child. <p>IT WILL BE YOUR RESPONSIBILITY TO KEEP YOUR LOGIN DETAILS AND PASSWORD SAFE AND SECURE. IF YOU KNOW OR SUSPECT THAT YOUR RECORD HAS BEEN ACCESSED BY SOMEONE THAT YOU HAVE NOT AGREED SHOULD SEE IT, THEN YOU SHOULD CHANGE YOUR PASSWORD IMMEDIATELY.</p> | |
| Yes I'd like to register for online services <input type="checkbox"/> | No I don't want to register for online services <input type="checkbox"/> |

| | |
|--|--|
| Sharing your child's medical record | |
| <p>Medical Record Sharing allows your child's complete GP medical record to be made available to authorised healthcare professionals involved in your care. You will always be asked your permission before anybody looks at your child's shared medical record.</p> <p>If you don't want to share your child's GP record tick here: <input type="checkbox"/></p> | |
| <p>Summary Care Records contains details of your child's key health information – medications, allergies and adverse reactions. They are accessible to authorised healthcare staff in A&E Departments throughout England. You will always be asked your permission before anybody looks at your child's Summary Care Record.</p> <p>If you don't want your child to have a Summary Care Record tick here: <input type="checkbox"/></p> | |
| <p>The Care.data Programme Collates information about your child and the care they receive. It links information from all the different places where your child receives care, such as their GP, hospital and community services, to help them provide a full picture of your child's medical needs and the care they are receiving. This data is made available to NHS Commissioners so that they can design integrated services and is shared with third parties for research purposes.</p> <p>I wish to OPT OUT from my child's Personal Confidential Data being shared outside their GP practice: <input type="checkbox"/></p> <p>I wish to OPT OUT from my child's Personal Confidential Data being shared with <i>third parties</i>: <input type="checkbox"/></p> | |

| | |
|--|----------|
| Required Information | |
| Name of parent/s: | 1. 2. |
| Name of person with legal parental responsibility: | |
| Name of school attended: | |

| | |
|--|------------------------------|
| Parent / Guardian permission given | |
| Permission given for someone other than a Parent/Guardian to accompany your child to an appointment? | |
| Name of person/s: | Parent / Guardian Signature: |
| Relationship: | |

| | |
|----------------------------|-------|
| Signature | |
| Parent/Guardian signature: | Date: |

Thank you for completing this form
For more information about the services we offer, please refer to our practice leaflet