

New Patient Registration – Child 0-15 Years

Please fill in this form to the best of your ability.
In BLOCK CAPITALS

Confidentiality

Confidentiality is the cornerstone of health care and central to the work of everyone working in general practice. All information about patients is confidential; from the most sensitive diagnosis to the fact of having visited the Surgery or being registered as a patient. All patients can expect that their personal information will not be disclosed without their permission, except in the most exceptional circumstances, when somebody is at grave risk of serious harm. The duty of confidentiality owed to a person under the age of sixteen is as great as the duty owed to any other person.

If you are a parent / guardian of the child registering, please complete on their behalf.
 If you are a young person registering for yourself, please complete the form for yourself or ask our reception team for assistance.

PLEASE COMPLETE USING BLOCK CAPITAL LETTERS

For Reception Staff Use Only: Please complete then initial and date	
Proof of Address seen	Y / N
GMS1 completed & signed & Checked	Y / N
Pregnant? If YES EDD:..... Make appointment to see Midwife	Y / N
Registered by:.....	Date:.....

<u>Personal Details</u>	
Title	
Name (full name)	
Address	
Post code	
Date of Birth	
Mobile Number	
Home Number	
Occupation	
Marital Status	
<u>Next of Kin (NoK)</u>	
NoK Name	
NoK Relationship to You	
NoK Phone Number	
NoK Address <i>(if different from yours)</i>	

Gender

Gender:

Is your gender identity the same as the gender you were given at birth?
Yes No

This information will be on your medical records. If you **don't** want it shared please tick
 Do not share this information with other health and social care providers

Ethnic Group

Choose one from A to D, then circle the appropriate box to indicate your cultural background.

A White	B Mixed / multiple ethnic groups	C Asian / Asian British	D Other ethnic group
English/ Welsh/ Scottish/N.Irish British	White and Black Caribbean	Indian	Arab
Irish	White and Black African	Pakistani	
Gypsy or Irish Traveller	White and Asian	Bangladeshi	
		Chinese	
Any other white background Write here	Any other mixed/ multiple ethnic background Write here	Any other Black/ African/Caribbean background write here	Any other ethnic group: Write here.....

First Language

First Language

If you think you will need a translator during consultation, please ask at reception when making your appointment.

Special Circumstances

Ensuring everyone can access services on an equal footing is a key priority for the NHS. We urge you to tell us of any special circumstances you face or protected characteristics you have which may make accessing healthcare more difficult. If we know of these, we can work together to support you.

Special circumstances (please circle any of the following apply):

Carer / Cared For
Housebound
Live in a nursing home / Live in a residential home
Registered blind / registered partially sighted / registered deaf
Physically or mentally disabled
Communication / information needs / difficulties

Further Information about Special Circumstances

Carers	<p>Do you help or look after someone who is ill, frail, disabled or mentally ill and would not be able to manage without your help? This could be a friend, neighbour or relative. Knowing you are a carer helps us better support you.</p> <p>Yes / No</p> <p>If yes: Name of person you are a Carer for..... Are they registered at Whitley House Yes / No Only provide this information if you want to</p>
Cared For	<p>Do you receive help or support from someone? Do you have a carer?</p> <p>Who cares for your and what is their relationship to you?</p> <p>Only provide this information if you want to</p>

Your Data and Communication

Mobile Number	<p>This protocol sets out guidelines of how to manage mobile phone numbers in patient clinical records.</p> <p>Age Banding</p> <ul style="list-style-type: none">• 0 – 10 years, 364 days: Parent / parental responsibility – mobile number added• 11 – 15 years, 364 days: Parent / parental responsibility – mobile number added• 16+ years: Any mobile number to be removed and patient to be written to <p>Removing a Patient Mobile:</p> <p>Age 0 – 10: A child would not be able to request that a parent mobile number is removed from their record. They would not be deemed as having sufficient competency.</p> <p>Age 11 – 15: There may be times when a parent's mobile phone is removed from the records of a child aged 11-15 years old. This will only be done at the child's request and provided the GP considers the child to have sufficient competency.</p> <p>Age 16+: During the month before a patient turns 16, the surgery will move any mobile number recorded in the record to the 'Next of Kin' section of the record (unless there are notes against the number confirming it belongs to the patient themselves). This number can be reviewed against 'household' to see who the original number may belong to (e.g. a parent / guardian). The patient / parent / guardian will be contacted for a relevant number to use. When this is added, a note will be added confirming that this is the patient's number and date added.</p>
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<p>Online Access</p>	<p>Age Bandings Proxy online access refers access to online services by somebody acting on behalf of the patient and usually with the patient's consent.</p> <p>0 – 10 years, 364 days:</p> <p>Parental proxy access only (and only on request of parent).The parent alone applies. A minor cannot have access in their own right. A GP must approve the application.</p> <p>11 – 15 years, 364 days: <u>Parent application:</u></p> <p>If a parent applies, parental proxy access can be granted. It is deemed that the child has agreed.</p> <p>If a child expresses a wish that their parent / guardian shouldn't be granted access, this would be reviewed by a GP and their wishes considered if the child is deemed to have sufficient competency.</p> <p><u>Child application:</u></p> <p>If a child applies – A GP needs to consider and approve access for the child on a case by case basis. If access is appropriate, they would be granted access.</p> <p>A parent will be given proxy access by default. However, the child could have access in their own right on their own, or alongside a parent with proxy access.</p> <p>If the child doesn't want the parent to have access – this would be for the GP to approve but only if the child is deemed to have sufficient competency.</p> <p>Note: A GP can revoke parental access at any age 11 – 16 if child requests this and GP deems it appropriate i.e. child has competency.</p> <p>Note: When granting online access, GPs should be aware and consider what mobile phone number is recorded on the patient's record and amend accordingly.</p> <p>16+ years old and older: Patients aged 16 years old can have access in their own right. Any proxy access would be terminated when a patient turns 16 years old.</p>
<p>Nominated Pharmacy</p>	<p>We process prescriptions electronically. This means they are sent to a pharmacy directly. Please let us know the pharmacy you wish your routine medication to go to.</p> <p>I would like my / the child mentioned on this form's prescriptions to be sent to the following pharmacy: Nominated Pharmacy: _____</p> <p>This can be changed at any time. You can change this on the NHSApp, by going to your new pharmacy of choice, or by letting us know.</p>

New Patient Health Questionnaire

General Information	
Height	Feet / Inches OR metres (please circle)
Weight	Stone / Pounds or Kgs (please circle)
Smoking Status	<p>a) Never smoked tobacco b) Smoker (Amount per day: _____) c) Ex-cigarette smoker (Quit date: _____)</p> <p>For smokers: If you smoke, would you like a referral to the smoking cessation adviser at the surgery? Y / N</p>
Alcohol Consumption	<p>How many units of alcohol do you drink on average a week?</p> <p>(e.g. 1 unit = ½ pint beer/1 small glass wine).</p> <p>The recommended weekly intake of alcohol should not exceed 14 units for a female, 21 units for a male. If you would like further advice regarding alcohol consumption, please book an appointment with a Practice Nurse</p>
Medication	<p>Medication <i>Please make sure you have at least 1 month supply of medication from your previous surgery – until this form is processed you will need to get medication items from your previous surgery.</i></p> <p><i>You will need to make an appointment with our clinical pharmacist for your 1st Prescription from this surgery</i></p>

PATIENT DECLARATION	
I confirm that, to the best of my knowledge, the information I have provided is accurate and correct.	
Signature	
Capacity in which you sign	<input type="checkbox"/> Relationship to child if registering on behalf of a child <input type="checkbox"/> I am the patient, aged under 16 years old
Print name	
Date	

Please find further details regarding your registration with the surgery in the following policies, which can be found on our website: New patient registration policy, zero tolerance policy, complaints policy

FIRST TIME Registering from Abroad

Please complete these questions to the best of your ability:

Name

Date of Birth.....

1. Which Country have you come from
2. Where were you born.....
3. Have you ever visited or lived in this Country before Dates.....

4. Date you first entered this Country to live.....

5. If you came and went back what date did you return home.....
6. Date you come back to this Country again
7. Have you ever registered or seen a Doctor or been to hospital in this country?.....
8. Where.....

**COPY OF PASSPORT OR ID CARD TO ENSURE WE HAVE CORRECT
INFORMATION**

HMS Armed Forces

Place where Stationed.....

Date of Enlistment.....

Date of Discharge.....



Patient's details

Please complete in **BLOCK CAPITALS** and tick as appropriate

Mr Mrs Miss Ms Surname

Date of birth: First names

NHS No. Previous surname/s

Male Female Town and country of birth

Home address

Postcode Telephone number

Please help us trace your previous medical records by providing the following information

Your previous address in UK Name of previous GP practice while at that address

Address of previous GP practice

If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK: Date you first came to live in UK

date of leaving

Were you ever registered with an Armed Forces GP?

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: Regular Reservist Veteran Family Member (Spouse, Civil Partner, Service Child)

Address before enlisting: Postcode

Service or Personnel number: Enlistment date: DD MM YY Discharge date: DD MM YY (if applicable)

Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

I live more than 1.6km in a straight line from the nearest chemist

I would have serious difficulty in getting them from a chemist

Signature of Patient Signature on behalf of patient

Date: / /

*Not all doctors are authorised to dispense medicines

What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:

White: British Irish Irish Traveller Traveller Gypsy/Romany Polish

Any other white background (please write in): _____

Mixed: White and Black Caribbean White and Black African White and Asian

Any other Mixed background (please write in): _____

Asian or Asian British: Indian Pakistani Bangladeshi

Any other Asian background (please write in): _____

Black or Black British: Caribbean African Somali Nigerian

Any other Black background (please write in): _____

Other ethnic group: Chinese Filipino

Any other ethnic group (please write in): _____

Not stated:

Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

NHS England use only Patient registered for GMS Dispensing