**New** **Patient** **Registration** **Form** **–Under 16yrs**  Please complete all pages in full using block capitals

**1.** **Background** **Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your** **Child** **Details** | | | |
| Child Name |  | Gender |  |
| Address |  | Date of Birth |  |
| Home Telephone |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent** **or** **Guardian** **Details** | | | | |
| Mother or Guardian |  | | Mobile Telephone |  |
| Father or Guardian |  | | Mobile Telephone |  |
| Address |  | | Home Telephone |  |
| Work Telephone |  |
| Parents or Guardians Registered Practice | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other** **Details** | | | | |
| Country of Birth |  | | | |
| Ethnicity | White British  White Irish  White Other  Black British  Black African  Black Caribbean  Indian  Chinese | | Mixed White/Black African  Mixed White/Black Caribbean  Mixed White/Asian  Mixed Other  Other  Not stated | |
| Religion | C of E Buddhist Sikh  Catholic Hindu Jewish  Other Christian Muslim Jehovah’s Witness  Not Stated | | | |
| Is the child a dependant of a member of the Armed Forces | | Yes | | No |

|  |  |
| --- | --- |
| **Immunisation History** | |
| **8 Weeks Immnunisations** | **Date Given** |
| 6 in 1 Vaccine |  |
| Rotavirus |  |
| Meningitis B |  |
|  | |
|  | |
| **12 Weeks Immunisations** | **Date Given** |
| 6 in 1 Vaccine (2nd Dose) |  |
| Pneumococcal (PCV) |  |
| Rotavirus (2nd Dose) |  |
| **16 Week Immunisations** | **Date Given** |
| 6 in 1 Vaccine (3rd Dose) |  |
| Meningitis B (2nd Dose) |  |
|  | |
| **1 Year Immunisations** | **Date Given** |
| Hib/MenC (1st Dose) |  |
| MMR (1st Dose) |  |
| Pneumococcal (PCV) Vaccine (2nd Dose) |  |
| MenB (3rd Dose) |  |
|  | |
| **3 years and 4 Months Immunisations** | **Date Given** |
| MMR (2nd Dose) |  |
| 4 in 1 Pre School Booster |  |
|  | |
| **12 to 13 years Immunisations** | **Date Given** |
| HPV Vaccine |  |
|  | |
| **14 Years Immunisations** | **Date Given** |
| 3 in 1 Teenage Booster |  |
| MenACWY |  |

|  |
| --- |
| **Allergies – Please list any allergies** |
|  |
|  |

|  |
| --- |
| **Medications – Please list any current medications** |
|  |
|  |
|  |

**2.** **Sharing** **Your** **Health** **Record**

|  |
| --- |
| **Your** **Health** **Record** |
| Do you consent to your GP Practice sharing your Child’s health record with other organisations who care for them?  Yes *(recommended* *option)* No  Do you consent to your GP Practice viewing your Child’s health record from other organisations that care for them?  Yes *(recommended* *option)* No |

|  |
| --- |
| **Your** **Summary** **Care** **Record** **(SCR)** |
| Do you consent to your child having an Enhanced Summary Care Record with Additional Information?  Yes *(recommended* *option)* No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent** **or** **Guardian** **Signature** | | | |
| Signature | I confirm that the information I have provided is true to the best of my knowledge. | | |
| 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:

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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?**

<Organisation Details> 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](http://www.nhs.uk/your-nhs-data-matters)