

**PUDDLETOWN SURGERY**

**CONFIDENTIAL MEDICAL REGISTRATION FORM - CHILDREN UNDER 16**

Does your child have any Communication Needs? <i>Please tick box</i>		Yes	No
If yes, please tick:  <input type="checkbox"/> British Sign Language <input type="checkbox"/> Braille <input type="checkbox"/> Large Print <input type="checkbox"/> Interpreter <input type="checkbox"/> Easy Read <input type="checkbox"/> Lip Reading <input type="checkbox"/> Speech to Text Reporter <input type="checkbox"/> Advocate			
If they need interpretation what is their first language?			
Full name		Home phone number	
Previous Surname		Work phone number	
Date of Birth		Mobile	
Address		Ethnicity:	
Email:		First language	

**Email and Text consent:**  
 Please can you confirm that you are happy for Puddletown Surgery to contact you by the following:  
 By email: Yes  No  This will be to send you a copy of our newsletter.  
  
*I understand that my emails could be read and intercepted by a third party as emails are not secure.*  
  
 By text: Yes  No  This will be to send you reminders of your appointments.  
  
*Text messages are generated using a secure facility however I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure. Puddletown Surgery will not transmit any information which would enable an individual patient to be identified.*

<b>NEXT OF KIN - EMERGENCY CONTACT</b>		
<b>NAME</b>	<b>TELEPHONE NUMBER</b>	<b>RELATIONSHIP</b>

**Summary Care Record (SCR)**  
 Your child's basic details are uploaded to the national NHS database and can be viewed by other health professionals in an emergency.  
  
 Please tick the box if you wish to opt your child out of the SCR     (9Ndo)

**Named GP:** all patients registered at Puddletown Surgery have a named GP to oversee their care. Your named GP will take responsibility for ensuring your care is provided by working with the practice team and other relevant health professionals to deliver care that meets your needs. You will initially be allocated a named GP as your 'usual GP'. You may then see whichever GP you want to and change your named GP if you wish.

### DATA SHARING

If you wish to opt your child out of any data sharing please indicate below:

I do not wish any identifiable data about my child to leave the practice  (9Nu0)

I confirm that the information I have provided is true to the best of my knowledge.

Signed:

Date:

Name:

Relationship to Patient:

PERSONAL MEDICAL HISTORY		
Type of Birth, if under 5 (normal, forceps, Caesarean)		
Birth weight, if under 5		
Please enter your child's height and weight	Height:	Weight:

IMMUNISATIONS			
Children under 5 - please provide details of your child's immunisations with dates if possible. If you have a copy of your Child's Red Book please give to reception to photocopy.			
Immunisation	Date	Booster	Date
Tetanus		Tetanus	
Whooping cough		Diphtheria	
Polio		Polio	
HiB		MMR	
Measles			
MMR			
BCG (TB)			
Meningitis			

Has your child ever suffered from any important medical illness, operation or admission to hospital? If yes please enter the details below:		
Condition	Year diagnosed	Ongoing
		Yes / No
		Yes / No

Have any close relatives ( <i>father, mother, sister or brother only</i> ) ever suffered from any of the following and at what age? Please indicate who in the boxes below:						
Heart attack	Stroke	Diabetes	High Blood pressure	Asthma	Glaucoma	Cancer

<b>Medication:</b> If your child is taking medication please make an appointment to see a GP and bring thier repeat prescription with you.
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<b>Please list any allergies your child has to any drugs/medication:</b>	
Name of Medication	Symptoms

**FOR ADMIN USE ONLY**

<b>NAME:</b>	<b>NHS NO:</b>	<b>EMIS NO:</b>
<b>Process</b>	<b>INITIALS</b>	<b>Date</b>
<b>FRONT DESK:</b> Patient registered on EMIS – If patient not found on the Spine then registration to be stopped and information checked <i>Put registration form in folder on Admin desk</i>		

<b>BACK DESK :</b> NOK information added Data sharing consent choices added if patient has signed and chosen an option Patient reference group code to be added only if patient has opted OUT <b>(9NSG)</b> <i>N/A for children under 16</i> Email address added to the website for subscription to newsletter etc – <i>N/A for children under 16</i> Alcohol & Smoking status added – <i>N/A for children under 16</i> Form scanned and workflowed If child under 5 please inform Health Visitor with a message in their book		
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<b>FRONT DESK</b> When notes have arrived pull the registration form out, mark records as arrived on EMIS Blood /Organ donors – put form into folder on Admin desk Sticky note put on notes marked with <b>S&amp;T, Vikki, Lorna (only if female and over 25), GP2GP</b> Place in sorting and tagging box in date order		
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