



## Child Patient Registration Form (Under 16's)

### YOUR PERSONAL DETAILS

NHS No:

Surname

.....

Forename(s)

\_\_\_\_\_

Date of Birth

.....

Place of  
Birth

\_\_\_\_\_

Address

.....

Post Code

\_\_\_\_\_

Home Tel

.....

Mobile

.....

Work/Other

\_\_\_\_\_

Email

\_\_\_\_\_

### YOUR CURRENT / PREVIOUS GP'S DETAILS

Name

.....

Address

.....

Tel Number

.....

### CONSENT FOR EMAILING AND TEXTING SERVICES

- I consent to receiving text messages for appointments, reminders etc.

Yes /  
No

Date .....

- I consent to receiving email messages for appointments, reminders etc.

Yes /  
No

Date .....

### ETHNICITY (Please circle as appropriate)

#### White

White British  
White Irish  
White  
European

#### Mixed

White / Black Caribbean  
White / Black African  
White / Asian

#### Black

Black British  
Black Caribbean  
Black African  
Other Black  
background

#### Asian

Indian  
Pakistani  
Bangladeshi  
Other Asian  
Background

#### Chinese

Any other ethnic category ; please  
state

\_\_\_\_\_

- Main Spoken Language

\_\_\_\_\_



**Other Information**

If your child is under 1 year of age: were they premature? Yes / No

Is your child home schooled? Yes / No

(If No) Name of child's current school \_\_\_\_\_

Name of previous schools (if any) \_\_\_\_\_

Has your child ever been suspended (received a fixed-term exclusion) or permanently excluded from school? Yes / No

Name of Health Visitor/School Nurse if known \_\_\_\_\_

Has your child ever been the subject of a child protection plan? Yes / No

If yes when? \_\_\_\_\_

Has your child ever been a "Looked after child" (i.e. in foster care or in a children's homes) Yes / No

If yes when? \_\_\_\_\_

**Housing Information**

What type of house does the child live in? (Please circle) Privately owned Council owned

House or flat (If flat which floor?) .....

Are there any housing problems? (overcrowding/damp).....

**PROFILE**

**Weight** ..... **Height** .....

**Blood Pressure**      Systolic BP ..... Diastolic BP ..... **Pulse Rate** .....

**Continued on the next page**

## Vaccinations

Details of routine childhood vaccinations (You may wish to supply a copy of their red book personal child health record)

<u>Name of Vaccine</u>	<u>Date Given</u>	<u>Date Given</u>	<u>Date Given</u>
Diphtheria			
Tetanus			
Polio			
Whooping Cough			
Hib			
Hep B			
Pneumococcal			
Rotavirus			
Men B			
MMR			

## EXERCISE

➤ <b>Do you get:</b>	<b>No exercise / little exercise / Regular exercise</b> <i>(please delete as appropriate)</i>
➤ <b>If yes, what sort of exercise?</b>	
➤ <b>How many times per week?</b>	

## FAMILY HISTORY

Does anyone in the family suffer with the following? If so please state who

<b>Condition</b>	<b>Who?</b>	<b>Date of onset/diagnosis</b>
➤ <b>Heart Disease ( heart attacks, angina)</b>		
➤ <b>Stroke</b>		
➤ <b>Asthma</b>		
➤ <b>Cancer</b>		
➤ <b>High Blood Pressure</b>		
➤ <b>Mental Health Illness/Depression</b>		

## CURRENT MEDICATION

Please give details of any medication which you take (prescribed or otherwise):

<b>Name of Drug</b>		<b>Name of Drug</b>	
<b>Dosage</b>		<b>Dosage</b>	
<b>Name of Drug</b>		<b>Name of Drug</b>	
<b>Dosage</b>		<b>Dosage</b>	
<b>Name of Drug</b>		<b>Name of Drug</b>	
<b>Dosage</b>		<b>Dosage</b>	

<b>Would you like to nominate a Pharmacy for prescriptions?</b>	<b>Yes / No</b>
<b>If Yes all future prescriptions will be sent electronically to your nominated pharmacy</b>	
<b>Pharmacy Name and address:</b>	

## ALLERGIES

- **Are you allergic to any medication? If yes please detail**                      **Yes / No**                      .....
- .....
- **Are you allergic to any substances or foods? If yes please give details**                      **Yes / No**                      .....
- .....

## CARERS

- **Do you have anyone who looks after you or your daily needs as a Carer?**                      **Yes / No**
- **If YES, would you like them to deal with your health affairs here?**                      **Yes / No**

Please provide details of your Carer .....

## PAST MEDICAL HISTORY

Please give details of any significant past medical history or hospital treatment:

## Accessibility

If you require accessibility support please detail below;

British Sign Language Interpreter   
Audible Alerts

Large Print   
Other, please detail.....

To Register with GPS Healthcare please complete the following actions;

1. Select which site will be your "Usual" Site – please tick your selection

Knowle Surgery

Meadowside Family Health Centre

Park Surgery

Tanworth Lane Surgery

Village Surgery

Yew tree Medical Centre

2. Complete the attached NHS Registration form (GMS1)

3. Complete the attached Patient Registration Questionnaire as fully as possible

4. Complete the Patient Data Sharing Information Leaflet

5. Provide proof of address – for example a utility bill or driving license

6. Provide your NHS Number – this can be obtained from your current / previous GP

7. Provide Photo ID for adults

8. Immigrants passports for all adults and children (if appropriate)

**PLEASE ENSURE YOU COMPLETE ALL OF THE STEPS OUTLINED ABOVE IN ORDER THAT YOUR REGISTRATION APPLICATION CAN BE COMPLETED**

*Thank you for completing this questionnaire.*

*For further information about our services, practice, team and links to useful resources please visit [www.gpshealthcare.co.uk](http://www.gpshealthcare.co.uk)*

### **DATA SHARING INFORMATION**

#### **HOW WE CAN USE YOUR DATA TO IMPROVE YOUR CARE – YOUR CHOICES** **You need to let us know if you wish to give consent.**

##### **Summary Care Record**

Your Summary Care Record will hold the following information:

Allergies and adverse reactions

Acute medication

Repeat medication

Discontinued medication in the last 6 months

Your Summary Care Record could be accessed, with your permission, by participating hospitals throughout the UK if you needed care.

**A Summary Care Record will automatically be created on completion of your registration unless you advise us to the contrary in writing.**

**If you do not wish to have a Summary Care Record created, please contact the surgery within 2 weeks of your registration.**

**If at any time you wish to OPT OUT of the Summary Care Record please contact the surgery on 0121 796 2777.**

##### **Your Care Connected**

This is a more detailed record that can be shared with local hospitals and community services throughout Solihull, Birmingham and Sandwell. This enables all organisations to share important details of your medical history along with investigations, test results, medication etc.

The aim is to improve communication across local GP's, hospitals and community services, avoid duplicating investigations such as blood tests and also prevent patients from having to repeat their "story" at every service.

"Your Care Connected" Record will automatically be created unless patients advise the practice that they wish to opt out

**If at any time you wish to OPT OUT of Your Care Connected please contact the surgery on 0121 796 2777**

Name.....

Date of birth.....

Signature.....

Date.....

**The following service is an “Opt-In” Service. You do need to complete the section below so that we can record your wishes. If you don't complete and return this form you will be asked when you attend the surgery, so please do read and consider your choices.**

**SystemOne Enhanced Data Sharing**

SystemOne is a clinical computer system produced by a company called TPP. It lets NHS staff record patient information securely onto a computer. This information can then be shared with other clinicians, if needed and agreed by you, so that everyone caring for you is fully informed about your medical history, including medication and allergies. In Solihull, many GP practices, HEFT Community services, The Walk in Centre and Marie Curie all use SystemOne so that patients can really benefit from joined up care.

With your permission we can make your medical record shareable (Sharing Out). You will then be asked, when you attend other services, whether you are happy for them to access your record for information to improve your care and you can make a decision for each individual service i.e. you may want the district nurses to be able to access your record but if you are attending the smoking cessation service, you may not feel that they need to see your record. You will also need to tell each service if you are happy for them to let your GP see details of the treatment you receive from that service (Sharing In).

Further information can be obtained from reception if needed.

**Sharing Out – I would like to make my record shareable so that other services can access it when I give them my permission to**

**Consent to share record**

**Name:** .....

**Date of birth:** ..... **Signature:** .....

**Date:** .....

**Sharing Out – I would not like to make my record shareable so that other services can have access to it**

**Dissent to share record**

**Name:** .....

**Date of birth:** ..... **Signature:** .....

**Date:** .....