

When completed please post this form or hand it in to:

Sleaford Medical Group, 47 Boston Road, Sleaford, NG34 7HD OR

Submit via the practice website: www.sleafordmedicalgroup.co.uk/medical-forms

NEW PATIENT REGISTRATION - UNDER 16

Please complete in **BLOCK** Capitals with as much information as possible.

SURNAME FIRST AND MIDDLE NAMES ANY PREVIOUS NAMES NHS NUMBER (if known) TOWN AND COUNTRY OF BIRTH DATE OF BIRTH HOME ADDRESS POSTCODE HOME TELEPHONE MOBILE TELEPHONE Mobile Telephone number above owned by the patient being registered? Children over the age of 12 are legally entitled to have their own number registered. Do you consent for the practice to contact you by SMS text message? Email address Do you consent for the practice to contact you via email Do you consent for the practice to contact you via email Please tick and fill out the appropriate section which is relevant to your child. In all cases, a parent or guardian will themselves need to be registered with Sleaford Medical Group. My child is a new born baby, born in the UK Please note, a copy of the birth certificate is required for registration My child is of school age and is attending school If yes, please fill in below: Name of school My child has previously been registered with a GP in the UK POSTCODE NAME AND ADDRESS IN UK My Child has never been registered with a GP in the UK POSTCODE NAME AND ADDRESS OF PREVIOUS GP	TITLE	MR	MIS	S MALE	FEMALE
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!! PLEASE NOTE: Evidence of child immunisations is needed at registration, so can update records.					

Office	use	only

Rec Ints	•	Disp		Da	te		
Child Imr	ns Receiv	red	Υ	N		N/A	*

	urning from Abroa	d		YES	NO	
If yes please fill in Country of Birth						
Date last regist						
		urther information y	ou feel will benefit	the care of your child t	or example: Did they	
•		they have any devel	opmental problem	s? Are they hearing/sig	ht impaired? Do they	
have any known allergies?*						
	w would you describe		Louis value			
White	British	Irish	Other White			
Asian	Asian British	Bangladeshi	Indian	Pakistani	Other Asian	
Black	Black British	African	Caribbean	Other Black		
Mixed	Asian & White	Asian & Black	Asian & Caribbean	White African	White Caribbean	
Other	Chinese	Japanese	Middle		Any other	
			Eastern		ethnicity	
MOTUEDS FU	L L NAME	CHILD SA	FEGUARDING			
MOTHERS FUI	LL NAWE					
Address if different from the patient						
MAIN LANGUA						
FATHERS FULL NAME Date of Birth						
Address if different from the patient						
MAIN LANGUA	GE SPOKEN					
GUARDIAN/ADDITIONAL PERSON WITH RESPONSIBILITY						
	relationship to the c	hild				
Date of Birth	rant to the nation!					
Address if different to the patient						
MAIN LANGUA	GE SPOKEN					

NHS Sharing: Please make your choice below

Please complete your details below and make your choice – you may refer to the attached document

Please Note: In the best interests of your child, medical staff can disclose information if they feel there is a concern in terms of Safeguarding or Child Protection without seeking parental consent.

Choice One – NHS Summary Care Record (SCR)

This is your own choice about how you would like to share your health record:

I would like core information from my health record at Sleaford Medical Group to be available for other healthcare services providing care for me to view with my full consent	YES	NO
I would like core and additional information from my health record at Sleaford Medical Group to be available for other healthcare services providing care for me to view with my full consent	YES	NO

Please Note: You may change your preference at any time by completing an opt out form

Choice Two – Enhanced Data Sharing Module (EDSM)

SHARING OUT: I would like my health record at Sleaford Medical Group to be available for other healthcare services providing care for me to view with my full consent	YES	NO
SHARING IN : I would like Sleaford Medical Group to be able to view the information in my health record that has	YES	NO
been recorded by other services		

Please Note: You may change your preference	at any time by completing Consent for Record
Sharing form.	
Name:	
Signature:	Date:

Your Choice-Your Record

With so many choices to make about sharing your information how can you be sure you are making the correct choices for you and your dependents?

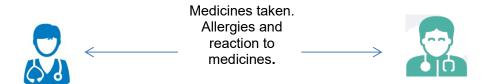
This leaflet aims to explain the differences between the options available, ensuring you can make a considered, informed choice. We have also included the relevant consent/dissent forms, please read these carefully before your preference and returning them to the Reception.

Choice 1 - NHS Summary Care Record (SCR)

Core Information - A Summary Care Record is an electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had, no other medical information is held in the record. Having this information stored in one place makes it easier for healthcare staff will have access to this record.

Core & additional Information- An Enriched Summary Care Record includes additional information such as details of long term conditions, significant medical history, or specific communications needs.

Example: You have a fall and are unconscious, an ambulance is called to take you to hospital; there is nobody with you that knows your medical history. When you get to the hospital the Doctor decides you need some medicine, how does he know if the one he is about to give you will cause an allergic reaction? If you have said YES to share your record the Doctor will have instant access to this information and will be able to treat you accordingly. If you say NO this could delay treatment whilst this information is requested from your GP.



Choice 2 – Enhanced Data Sharing Module (EDSM) - The clinical computer system used at Sleaford Medical Group is System One. This system is widely used in this area and across England. The system gives us a facility (EDSM) to share your health record with other health providers involved in your care. Your health record includes your medical history, medication history and any allergies you may have. You can now choose whether to share these full medical details with other health provider units (for example the District Nurses). Many organisations may use System One including some GP practices, out of hour's services, children's services, community services and some hospitals. Sharing your health record will help us deliver the best level of care for you.

You have two choices which allow you to control how your record is shared. You can change these choices at any time by completing a consent form.

Sharing OUT: This controls whether your information recorded at this practice can be shared with other health care providers.

Sharing IN: This determines whether or not this practice can view information in your record that has been entered by other services who are providing care for you or who may provide care for you in the future.

Example: Imagine you are receiving care from your GP, a district nurse and a smoking clinic. You want your GP and district nurse to share information with each other and you want both of them to know your progress at the smoking clinic. However, you don't want the smoking clinic to see any of your other medical information.