

NEW PATIENT REGISTRATION - UNDER 16

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

TITLE	MR	MISS	MALE	FEMALE
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				
May a message be left on either telephone?			YES	NO
Is the telephone number above owned by the patient being registered?			YES	NO
Child's Main Language				
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?			YES	NO
Email address				
Do you consent for the practice to contact you via email			YES	NO
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			YES	NO
My child is of school age and is attending school <i>If yes, please fill in below:</i>			YES	NO
Name of school				
My child has previously been registered with a GP in the UK <i>If yes, please fill in below:</i>			YES	NO
PREVIOUS ADDRESS IN UK				
POSTCODE				
NAME AND ADDRESS OF PREVIOUS GP				
My Child has never been registered with a GP in the UK <i>If yes please fill in below:</i>			YES	NO
Country of Birth				
Date entered the UK				
!! PLEASE NOTE: Evidence of child immunisations is needed at registration, so can update records.				

Office use only

Rec Ints		Disp		Date	
Child Imms Received	Y		N	N/A	

* Staff to code details on to records.

March 2023

My child is returning from Abroad <i>If yes please fill in below:</i>	YES	NO
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Country of Birth	
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Date last registered	
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Please provide the Practice with any further information you feel will benefit the care of your child for example: Did they have any concerns arisen at birth? Do they have any developmental problems? Are they hearing/sight impaired? Do they have any known allergies?*

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ETHNICITY – How would you describe your ethnicity?

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 Eastern	Turkish	Any other ethnicity

CHILD SAFEGUARDING

MOTHERS FULL NAME	
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Date of Birth	
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Address if different from the patient	
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MAIN LANGUAGE SPOKEN	
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FATHERS FULL NAME	
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Date of Birth	
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Address if different from the patient	
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MAIN LANGUAGE SPOKEN	
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GUARDIAN/ADDITIONAL PERSON WITH RESPONSIBILITY	
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Full name and relationship to the child	
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Date of Birth	
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Address if different to the patient	
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MAIN LANGUAGE SPOKEN	
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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 been recorded by other services	YES	NO

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?

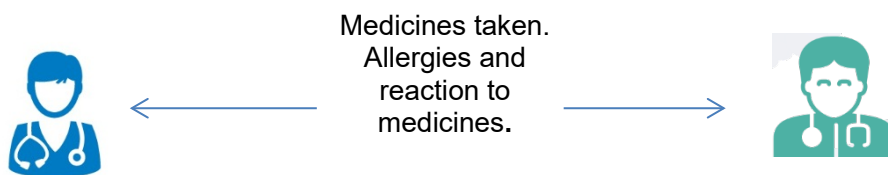
This leaflet aims to explain the differences between the options available, ensuring you can make a considered, informed choice. We have also included the relevant consent/dissent forms, please read these carefully before your preference and returning them to the Reception.

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.