

Registration at Streatfield Health Centre

Children and young people under 16

Welcome to Streatfield Health Centre. Please note that **we can only register children, whose mother is also registering or is already registered with us.** Alternatively: father or an adult with parental rights. Your child's registration cannot be accepted until the forms are completed in full and ID and current address can be confirmed. We need child's birth certificate and Red Book. **The Practice's boundary applies.** Check with Reception.

INFORMATION ABOUT YOUR CHILD					
Title					
Surname					
Forename					
Middle name					
Previous surname (if applicable)					
Date of birth					
NHS Number (if known)					
Male/Female?					
Town and Country of birth					
Ethnicity (please tick correct box)	White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other white	Asian or British Asian <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian (please state)	Mixed Race <input type="checkbox"/> White & Caribbean <input type="checkbox"/> White & African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Mixed	Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black	Chinese or Other ethnicity <input type="checkbox"/> Chinese <input type="checkbox"/> Other (please state)
I do not wish to answer this question Please tick if applicable					
Main language		Interpreter required		Yes/No	
Who has parental responsibility:					
Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint <input type="checkbox"/> Adoption agency parental responsibility <input type="checkbox"/>					
Full name, date of birth and contact tel. Number of Mother					
Full name, date of birth and Contact tel. number of Father					
Home address					
House Name/flat Number					
Number of Street					
Locality					
Town					
County					
Postcode					
School/college: name and address					
PLEASE LET US TRACE YOUR CHILD PREVIOUS MEDICAL RECORDS BY PROVIDING THE FOLLOWING					
Previous address in UK					
Name and address of previous GP					

IF YOUR CHILD WAS BORN ABROAD

Date first arrived in UK:	
First address in UK where registered with GP	
Name and address of GP while living At previous address	

FAMILY HISTORY (Y/N) Relative (please indicate)

Heart disease	
Stroke	
Hypertension	
Diabetes	
Asthma	
Cancer	
Other	

YOUR CHILD’S HEALTH INFORMATION

Height		Weight	
Allergies? (antibiotics, food, bee sting)			

Medical history - Please list any health problems, illnesses or operations with dates, if known

CURRENT MEDICATION – please list your medication or attach a repeat medication slip from previous GP

SMOKING STATUS

Does your child smoke Yes/No	
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IMMUNISATIONS - PLEASE BRING YOUR RED BOOK if you have one

<u>Age 2,3&4 months</u> Diphtheria/Tetanus/Pertussis/H influenza type B (DTP, HIB), Polio Meningococcal type C (Men C) <u>Age 12-15 months</u> Measles/Mumps/Rubella (MMR) <u>Age 3-5 years</u> Diphtheria/Tetanus/ Acellular Pertussis (DtaP), Polio, MMR	Dates:
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ELECTRONIC PRESCRIPTION SERVICE

This Practice can now send your prescription to the Pharmacy of your choice. This is a more convenient way of ordering your prescriptions. It saves yours and our time. If you previously nominated a pharmacy in another area, please choose a local pharmacy now and let us know.

Please fill in and sign attached form

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SCR (Summary Care Records) – on behalf of your child

The NHS in England is now using an electronic record called the Summary Care Record (SCR), which is being used to support patient care.

Your Summary Care Record contains important information about any medicines you are taking, any allergies you suffer from and any bad reactions to medicines that you have previously experienced. It provides authorised healthcare staff with faster, secure access to essential information about you - when you need unplanned care or when your GP practice is closed.

If you choose to have a Summary Care Record and are registered with a GP practice, you do not need to do anything as a Summary Care Record is created for you.

If you choose to opt out of having a Summary Care Record please indicate below, and we will record it in your Records

I do not want a Summary Care Record

DATA PROTECTION ACT AND TEXT MESSAGING, EMAILING, LEAVING MESSAGES

In accordance with Data Protection Act, the Practice needs consent from a patient for us to leave a message, send a text or email regarding their medical treatment.

By providing the information on this form and signing it, you are consenting to being contacted by the above means (on behalf of your child)

ZERO TOLERANCE POLICY

By completing and signing this form you are agreeing to abide by the details of the Streatfield Centre Patient Contract Zero Tolerance Policy (on behalf of your child), copies of which can be obtained from Reception

Signed:

Date:

For Surgery use:

Proof of ID and Address provided:

- Birth Certificate Driving licence Passport Tenancy Agreement
- Utility Bill Allowance Book Solicitor letter Other

Form checked:

- contact details
- Pharmacy nomination SCR an Care.data

Appointment for new patient check: Date of appointment.....

- Specimen bottle given. Explained to patient

Staff initials