

FOR OFFICE USE ONLY:

Date registration received:

Checked by:



Signed?

On repeat meds?

Barcellos Family Practice: New Child Registration form

Welcome to the Barcellos Family Practice. To accurately register your child at the surgery please fully complete this questionnaire in full. Please note your child's registration cannot be accepted until the forms are completed in full. Thank You.

Personal Details:

Title		Surname	
Forename		Middle Name(s)	
Previous Surnames (if applicable)		NHS Number	
Date of Birth			
Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Non-Binary <input type="checkbox"/>
	Unable to answer <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
House/Flat Number			
Street			
Town			
County			
Postcode			
Key Safe Number?			
First line of previous address (incl Postcode)			
Parent/Guardian name			
Relationship to patient			
Next of Kin Telephone Number			

We need to have your consent to begin communicating with you by text or email.

Please confirm your consent by ticking to accept the options below:

I consent to the practice contacting me by text message or email for the purposes of health promotion, practice news and for appointment reminders.

I acknowledge that appointment reminders by text are an additional service and that they may not be sent on all occasions but that the responsibility for attending appointments or cancelling them still rests with me.

Text messages are generated using a secure facility, but I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure.

I understand I can cancel the text message facility at any time.

Name and address of previous GP			
Country of Birth		Date entered the UK (if not UK born)	
School	Nursery/Preschool <input type="checkbox"/> Boarding School <input type="checkbox"/>	Primary school <input type="checkbox"/> Home schooled <input type="checkbox"/>	Secondary school <input type="checkbox"/>
Ethnicity	British or mixed British <input type="checkbox"/> African <input type="checkbox"/> Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other (please state) <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Irish <input type="checkbox"/> Caribbean <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/>
Religion	C of E <input type="checkbox"/> Buddhist <input type="checkbox"/> Sikh <input type="checkbox"/> No religion <input type="checkbox"/>	Catholic <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Other: <input type="checkbox"/>	Other Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Jehovah's Witness <input type="checkbox"/>
Has a member of the patient's family served in the armed forces?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Communications:

Main spoken language	
Interpreter or special communication needs?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify detail:
<p>REASONABLE ADJUSTMENTS IN YOUR HEALTHCARE</p> <p>The NHS must make it as easy for disabled people* to use health services as it is for people who are not disabled. This is called making reasonable adjustments.</p> <p>Reasonable adjustments are small changes that can help people with a disability or a long-term health condition to be treated equally.</p> <p>For more information about this, please visit the webpage here>> *https://www.gov.uk/definition-of-disability-under-equality-act-2010</p>	
Do you require reasonable adjustments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what reasonable adjustments can we make?:	
<p>Can we share information about your reasonable adjustments with other NHS providers?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

Does the patient have a designated carer? (If so, please provide details below):	
Name of Carer:	
Contact:	

Medical History: Please list all current or past illnesses/operations including dates, where possible:

Heart Disease/Angina		Diabetes	
Epilepsy		High Blood Pressure	
Stroke/TIA		COPD	
Asthma		Cancer	
Dementia		Hyperthyroidism	
Other:			

Family History: Please list all significant medical conditions that your close family members have and please state their relation to you:

Heart Disease/Angina		Diabetes	
Epilepsy		High Blood Pressure	
Stroke/TIA		COPD	
Asthma		Cancer	
Dementia		Hyperthyroidism	
Other:			

Do you have any known allergies? (E.g. antibiotics, food, bee sting, latex)

Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	If yes, please state:
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Repeat Medications (If applicable):

Drug name:	Dose:

Consent & Data Sharing:

If any of the details on this form change in the future, please inform us. In accordance with the Data Protection Act, the Practice needs consent from any patient for us to leave a message, send a text or information regarding their medical treatment. By providing the information on this form you are consenting to be contacted about your medical needs. The Barcellos Family Practice uses SystmOne clinical software. This enables us to share your record with any other NHS organisations who are involved in your healthcare.

Data Sharing Consent Choices (Summary Care Record & Dorset Shared Record)

To maintain continuity of clinical care, we upload **certain** medical information so that it is available to other healthcare organisations (e.g. Emergency Departments). Please read the accompanying leaflet which details which part of your record is extracted and how it is used to help other NHS organisations.

If you wish to **OPT OUT**, please tick:

Signed (Parent Guardian): _____

Date: _____