

Heacham Group Practice  
45 Station Road  
Heacham, Kings Lynn PE31 7EX  
Tel: 01485 572769  
www.heachamgrouppractice.nhs.uk

Form checked by

### **Children's New Patient Registration Questionnaire aged 16 and Under**

When you returning your child's new patient registration forms please make sure you bring with you:

- Photographic identification (passport or Birth certificate)
- Your child's NHS number
- If your child is taking regular medication please ensure you obtain 1 month's medication from your previous surgery to allow us time to add the medication to their notes. You must also bring a copy of the repeat prescription with this form.
- Any vaccination records you may have.

Title*		Date of birth:* DD/MM/YYYY	
First name*		Surname *	
Gender	Male	Female	Other – <i>please specify</i>
Mothers name *			Parental responsibility
Main language spoken of parent if an interpreter required			
Fathers name *			Parental responsibility
Foster carer / guardian name/s			
Brothers or sisters name/s			
Address: *			
Post code:*			
Mobile telephone number: *			
Home telephone number:			
<b>We will use your mobile number to send appointment reminders &amp; information texts.</b> <b>Please tick here if you give your consent for this.</b>			
<input type="checkbox"/> Yes			
Email address:			

### **Childs health information**

<b>Has your child had any serious illnesses or operations?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> * (please tick)
If Yes, what was this and when? :	
<b>Does your child have a disability or chronic condition?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> * (please tick)
If yes please give more information.	
<b>Is your child on any regular medication?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> * (please tick)
If yes, please tell us the name and dose: <i>(if you have a list from your previous GP please give us a copy)</i>	
<b>Is your child allergic to any medication?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> * (please tick)
<b>Which school or nursery does your child attend? *</b>	
When returning this form please bring your child's vaccination records. It is important that your child's immunisations are kept up to date. <b>Vaccination records enclosed</b> YES <input type="checkbox"/> NO <input type="checkbox"/> * (please tick)	

### **Ease of access due to disability/impairment/sensory loss**

Please tick if your child has any of the following:

Sight impairment <input type="checkbox"/>	Hearing impairment <input type="checkbox"/>	Disability <input type="checkbox"/>	Other* <input type="checkbox"/>
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Please select your preferred method of contact:

Letter <input type="checkbox"/>	E-mail <input type="checkbox"/>	Telephone Call <input type="checkbox"/>	SMS Message <input type="checkbox"/>
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Other\* - Please state:

All of this information will remain completely confidential and will not be used for any other purpose

**Please indicate the Ethnic group to which you feel your child belongs:\***

**White**

- |                                               |                                                     |
|-----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> British              | <input type="checkbox"/> Chinese                    |
| <input type="checkbox"/> Irish                | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Any white background |                                                     |

**Mixed**

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed background

**Black or Black British**

- ☐ Caribbean
- ☐ African
- ☐ Any other black background

**Asian or Asian British**

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi

**Other Ethnic Groups**

- ☐ Arab
- ☐ Any other ethnic group

**Sharing of information and your health record**

Information about your child's health and care help the NHS to improve your child's individual care, speed up diagnosis, and plan your local services and research new treatments.

\*Share out- Will you consent to share your medical record with any other health care provider involved in your child's care ☐Yes ☐ No

\*Share in- Will you consent to Heacham Group Practice viewing information in your child's medical record recorded by other health care services? ☐Yes ☐ No

**Summary Care Record – your emergency care summary**

The NHS in England introduced the Summary Care Record to be used in emergency care. The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you to have enough information to treat you safely.

Your child's Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if your child has an accident or becomes ill, healthcare staff treating you will have immediate access to important information about your child's health.

As a patient you have a choice:

\*Yes I would like a Summary Care Record – You do not need to do anything and a summary care record will be created for you. ☐

\*No I do not want a Summary Care Record – Please ask reception for a Summary Care Opt Out form, complete it and return to the surgery. ☐