

Heacham Group Practice

45 Station Road

Heacham, Kings Lynn PE31 7EX

Tel: 01485 572769

www.heachamgrouppractice.nhs.uk

Office Use Only:

Registered GP:

Checked by:

New Patient Registration Questionnaire for NEWBORN BABIES

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

- A completed GMS1 form
- Your babies NHS number, this is usually written in the front of the red book.
- A copy of the hospital discharge if available.

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:			
Email Address:			
We will use your mobile number to send appointment reminders & information texts. Please tick here if you give your consent for this.			
<input type="checkbox"/> Yes			

Childs health information

Has your child had any serious illnesses or operations?	YES <input type="checkbox"/> NO <input type="checkbox"/> * (please tick)
If Yes, what was this and when? :	
Does your child have a disability or chronic condition?	YES <input type="checkbox"/> NO <input type="checkbox"/> * (please tick)
If yes please give more information.	
Is your child on any regular medication?	YES <input type="checkbox"/> NO <input type="checkbox"/> * (please tick)
Is your child allergic to any medication?	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 you belongs:* White

- ☐ British
- ☐ Irish
- ☐ Any white background

Mixed

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

Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi

- ☐ Chinese
- ☐ Any other Asian background

Black or Black British

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

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.