**THE WHITE HOUSE SURGERY**

**New Patient Registration Form - (Child/Young Person under 18 years)**

**Please complete in BLOCK CAPITALS and tick relevant boxes.**

• Please complete a separate form for each child/young person to be registered.

• Please bring in your child’s red book so we can take a copy of their immunisation record.

• When handing in please remember to bring photo ID & proof of address of registering adult.

• We automatically share all children under the age of 16s records with other health professionals. Please inform us if you object to this information sharing.

**PLEASE COMPLETE GMS1 FORM FOR EACH FAMILY MEMBER**

**Your Child/Young Person’s Personal Details**

|  |  |
| --- | --- |
| **Title** |  |
| **Full Name** |  |
| **Date of Birth** |  |
| **NHS No (if known)** |  |
| **Gender** | □  **Female** □  **Male** □ **Other** |
| **Current Address** |  |
| **Home tel. number** |  |
| **Mobile tel. number** |  |
| **E-mail address** |  |
| **First language** |  |
| **Ethnicity** |  |
| **Previous GP name and address of Practice** |  |

**REQUIRED INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Parent(s)/Carer(s)** | **Has Legal Responsibility?** | | **Next of kin?** |
| **1.** | **Yes/No** | | **Yes/No** |
| **2.** | **Yes/No** | | **Yes/No** |
| **Name of person(s) with legal responsibility if not above:** |  | | |
| **Please give copy of Delegation of Consent Form if you are a carer.** |  | | |
| **Name of School/Nursery attended:** |  | | |
| **Is child/Young Person home educated?** | **Yes / No** | | |
| **PLEASE LIST OTHER HOUSEHOLD MEMBERS AT YOUR ADDRESS** | | | |
| **Name and relationship to child** | | **Is this person registered with this Practice?** | |
| **1.** | | **Yes / No** | |
| **2.** | | **Yes / No** | |
| **3.** | | **Yes / No** | |
| **4.** | | **Yes / No** | |
| **5.** | | **Yes / No** | |
| **6.** | | **Yes / No** | |

**YOUR CHILD’S MEDICAL BACKGROUND**

|  |  |  |  |
| --- | --- | --- | --- |
| **Does your child/young person need help with mobility/ communication?** | | **Yes / No** | |
| **If yes, please give details:** | | | |
| **Please tick if any of the following apply to your child/young person:** | | | |
| □  **Hearing aid** □  **British Sign Language (BSL)** □  **Makaton Sign Language**  □ **Lip reading** □ **Large print** □  **Braille**  □ **Interpreter** □  **Other** | | | |
| **Please give information about any serious illnesses, operations, or injuries your child/young person has had in the past.** ***If none, please go to next question*** | | | |
| **Condition:** | **Year Diagnosed:** | | **Ongoing: Yes / No** |

|  |  |  |
| --- | --- | --- |
| **Please provide details of any medication your child takes :** | | |
| **Name** | **Dosage** | **Frequency** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please give details of any allergies or sensitivities your child may have to medication/food/other:** | | | | |
| **Is your child registered with a dentist?** | | | **Yes / No** | |
| **To find a dentist visit NHS Choices** [**www.nhs.uk**](http://www.nhs.uk) | | | | |
| **Is your child/ young person known to Social Services?** | | | | **Yes / No** |
| **Is your child or family currently involved with Children’s Services?** | | | | **Yes / No** |
| **If yes, name of Social Worker:** | |  | | |
| **Is your child/young person a Looked After Child in the care of the Local Authority?** | | | | **Yes / No** |
| **If yes, in what capacity?** | **Permanent / Temporary** | | | |
| **Which Local Authority?** | | | | |
| **Would you like an appointment to discuss this with your Doctor?** | | | | **Yes / No** |
| **Is your child being looked after by a friend, family member, or neighbour in their home (Private Fostering)?** | | | | **Yes / No** |
| **If so, how long have they been there?** | | | |  |
| **Is your child looking after someone at home? (please let us know if your child is looking after someone who is ill, frail, disabled, has mental health/emotional support needs or substance misuse problems)** | | | | **Yes / No** |
| **If so, do you think they would like additional support as a Young Carer?** | | | | **Yes / No** |
| **Would you like an appointment with your Doctor to discuss this?** | | | | **Yes / No** |

**We have a Social Prescriber attached to our Surgery who could offer you additional support. If you would like further details of the help available, please speak to one of our Reception Team.**

**Please keep us up to date with any changes to your circumstances/contact details etc so we can ensure your records are accurate.**

**January 2020**

**WHITE HOUSE SURGERY**

**How we use your information**

* We collect and hold data about you for the purpose of providing safe and effective healthcare
* Your information may be shared with our partner organisations to audit services and help provide you with better care
* Information sharing is subject to strict agreements on how it is used
* We will only share your information outside of our partner organisations with your consent\*
* If you are happy with how we use your information you do not need to do anything
* If you do not want your information to be used for any purpose beyond providing your care please let us know so we can code your record appropriately
* You can object to sharing information with other health care providers but if this limits your treatment options we will tell you
* Our guiding principle is that we are holding your information in the strictest confidence
* For more information about who are our partner organisations and how your data is used please see the privacy notice on our website or please ask a Receptionist for full details.

\*Unless the health & safety of others is at risk, the law requires it or it is required to carry out a statutory function