

New Patient Registration Form – New Born Child

Please complete all pages in full using block capitals

1. Background Details

Your Child Details

Child Name		Gender	
NHS Number		Date of Birth	
Address		Home Telephone	

Parent or Guardian Details

Mother or Guardian		Mobile Telephone	
Father or Guardian		Mobile Telephone	
Address		Home Telephone	
		Work Telephone	
Mobile Telephone	I consent to be contacted* by SMS on this number:		
Email	I consent to be contacted* by email at this address:		
Family Registered With Us			

Other Details

Country of Birth				
Ethnicity	<input type="checkbox"/> White (UK)	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Arabic
	<input type="checkbox"/> White (Irish)	<input type="checkbox"/> Black African	<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese
	<input type="checkbox"/> White (Other)	<input type="checkbox"/> Black Other	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other
Religion	<input type="checkbox"/> 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	
Armed Forces	<input type="checkbox"/> Family Member			

Family History

Please record any significant family history of close relatives with medical problems and confirm which relative e.g. mother, father, brother, sister, grandparent

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Asthma..... | <input type="checkbox"/> Heart Disease..... | <input type="checkbox"/> Diabetes..... | <input type="checkbox"/> Depression..... |
| <input type="checkbox"/> COPD..... | <input type="checkbox"/> Stroke..... | <input type="checkbox"/> Kidney Disease..... | <input type="checkbox"/> Thyroid..... |
| <input type="checkbox"/> Epilepsy..... | <input type="checkbox"/> Blood Pressure..... | <input type="checkbox"/> Liver Disease..... | <input type="checkbox"/> Cancer..... |

Other:

Parent or Guardian Signature

Signature	I confirm that the information I have provided is true to the best of my knowledge
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Name		Date	
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Sharing Your Health Record

What is your health record?

Your health record contains all the clinical information about the care you receive. When you need medical assistance it is essential that clinicians can securely access your health record. This allows them to have the necessary information about your medical background to help them identify the best way to help you. This information may include your medical history, medications and allergies.

Why is sharing important?

Health records about you can be held in various places, including your GP practice and any hospital where you have had treatment. Sharing your health record will ensure you receive the best possible care and treatment wherever you are and whenever you need it. Choosing not to share your health record could have an impact on the future care and treatment you receive. Below are some examples of how sharing your health record can benefit you:

- Sharing your contact details This will ensure you receive any medical appointments without delay
- Sharing your medical history This will ensure emergency services accurately assess you if needed
- Sharing your medication list This will ensure that you receive the most appropriate medication
- Sharing your allergies This will prevent you being given something to which you are allergic
- Sharing your test results This will prevent further unnecessary tests being required

Is my health record secure?

Yes. There are safeguards in place to make sure only organisations you have authorised to view your records can do so. You can also request information regarding who has accessed your information from both within and outside of your surgery.

Can I decide who I share my health record with?

Yes. You decide who has access to your health record. For your health record to be shared between organisations that provide care to you, your consent must be gained.

Can I change my mind?

Yes. You can change your mind at any time about sharing your health record, please just let us know.

Can someone else consent on my behalf?

If you do not have capacity to consent and have a Lasting Power of Attorney, they may consent on your behalf. If you do not have a Lasting Power of Attorney, then a decision in best interests can be made by those caring for you.

What about parental responsibility?

If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

What is your Summary Care Record?

Your Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This can be viewed by GP practices, Hospitals and the Emergency Services. If you do not want a Summary Care Record, please ask your GP practice for the appropriate opt out form. With your consent, additional information can be added to create an Enhanced Summary Care Record. This could include your care plans which will help ensure that you receive the appropriate care in the future.

How is my personal information protected?

The Surgery Bull Yard will always protect your personal information. For further information about this, please see our Privacy Notice on our website or please speak to a member of our team

For further information about your health records, please see: www.nhs.uk/NHSEngland/thenhs/records

For further information about how the NHS uses your data for research & planning and to opt-out, please see: www.nhs.uk/your-nhs-data-matters

2. Sharing Your Health Record

Your Health Record

Do you consent to your GP Practice sharing your Child's health record with other organisations who care for them?

- ☐ Yes (*recommended option*)
☐ No

Do you consent to your GP Practice viewing your Child's health record from other organisations that care for them?

- ☐ Yes (*recommended option*)
☐ No

Your Summary Care Record (SCR)

Do you consent to your child having an Enhanced Summary Care Record with Additional Information?

- ☐ Yes (*recommended option*)
☐ No

Parent or Guardian Signature

Signature

Name

Date

Checklist - Please ensure the following are provided so that your registration can be completed successfully:

- ☐ Completed & Signed Above Form
☐ Completed & Signed GMS1 Form
☐ Birth Certificate
☐ Photo Proof of ID *e.g. Passport, Photo Driving License or Photo ID card*
☐ Proof of Address *e.g. Bank statement, Utility Bill or Council Tax from within the last 3 months*

Practice Use Only

Appointment	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required		
Photo ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving licence	<input type="checkbox"/> Identity card	<input type="checkbox"/> Other
Proof of Address	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Council Tax	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Other

Access to GP Online Services

Important Information – Please read before completing form below

If you wish to, you can now use the internet (via computer or mobile app) to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately. If you are unable to do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

During the working day it is sometimes necessary for practice staff to input into your record, for example, to attach a document that has been received, or update your information. Therefore you will notice admin/reception staff names alongside some of your medical information – this is quite normal.

The definition of a full medical record is all the information that is held in a patient's record; this includes letters, documents, and any free text which has been added by practice staff, usually the GP. The coded record is all the information that is in the record in coded form, such as diagnoses, signs and symptoms (such as coughing, headache etc.) but excludes letters, documents and free text.

Before you apply for online access to your record, there are some other things to consider. Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

For further information, please see:

www.nhs.uk/NHSEngland/AboutNHSServices/doctors/Pages/gp-online-services.aspx

3. Online Access To Your Health Record

Name

NHS Number

Date of Birth

Address

Telephone

Email Address

I wish to have online access for my child to: *Please tick all that apply*

- ☐ View & book appointments
- ☐ View & request medication
- ☐ Access my coded medical record (*contains any medical codes that have been recorded*)
- ☐ Access my full medical record (*contains medical codes **and** any free text that has been recorded*)
- ☐ Access my Summary Care Record
- ☐ Complete online questionnaires

I wish to access my child's medical record & understand & agree with each statement: *Please tick all that apply*

- ☐ I have read and understood the 'Important Information'
- ☐ I will be responsible for the security of the information that I see or download
- ☐ If I choose to share my information with anyone else, this is at my own risk
- ☐ I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
- ☐ If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible

Please bring photographic proof of your identification in order for the process to be completed

Parent or Guardian Signature

Signature

Name

Date

For Practice Use Only:

Identity verified through
(tick all that apply)

- ☐ Birth certificate
- ☐ Self vouching
- ☐ Vouching with information in record
- ☐ Photo ID
- ☐ Proof of residence
- ☐ Professional vouching

Name of Verifier

Date

Name of person who authorised and
added to SystmOne

Date

Photocopied this page

☐ Yes – Name:

Passed for scanning

☐ Yes – Name: