

New Registration Application



CHILD UNDER 15 YEARS

Please book an appointment with a GP if your child is on any current medication or needing any medical advice.

If you have any questions or need any help call the surgery on 0161 622 2760

PATIENT DETAILS

MALE OR FEMALE.

SURNAME.....FIRST NAMES.....

Calling name if different from above.....

Date of Birth.....Age.....

School Attended.....

EthnicityMain Language.....

Do you need an interpreter YES / NO

Do you have a Disability YES / NO Please give detail.....

Would you like online appointment booking? YES / NO

Next of kin/ parental responsibility

Please can you provide contact information of someone who is responsible for this child.

Name.....Relationship.....

Tel.....2nd Tel.....

Address.....

Official use: Emis No.....

MEDICAL HISTORY

Has anyone in **YOUR FAMILY** (ie) Parent, Grandparent, Brother, Sister (not husband or wife) had any of the following? Please circle yes or no.

- | | | |
|-----------------|-----|----|
| 1. Heart attack | Yes | No |
| 2. A stroke | Yes | No |
| 3. Diabetes | Yes | No |
| 4. Asthma | Yes | No |
| 5. Cancer | Yes | No |

Have **YOU** ever had any of the following? Please circle yes or no

- | | | |
|-----------------|-----|----|
| 1. Heart attack | Yes | No |
| 2. A Stroke | Yes | No |
| 3. Diabetes | Yes | No |
| 4. Asthma | Yes | No |
| 5. Cancer | Yes | No |

Do you have any allergies? Yes No

If yes please state what you are allergic to.....

Are you on any current medication Yes No

Please List current Medication.....

.....
(Please bring any current medication to your 1st appointment)

Are you up to date with childhood vaccinations? Yes No

Do you have a registered carer? Yes No

If yes please provide more details.....

Are you a registered carer for anyone? Yes No

If yes please provide more details.....

Have you ever been admitted to hospital? Yes No

If yes please provide more details.....



NHS Summary Care Record - Your emergency care summary

The NHS is introducing a new electronic record called the Summary Care Record (SCR), which will be used to support your emergency care.

SCRs contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had. It will also include your name, address, date of birth and your unique NHS Number. Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed.

Your choices

We are telling you about this before a SCR is made for you, so that you have time to think about your choices.

You can choose to have a Summary Care Record:

You do not need to do anything. This will happen automatically. Healthcare staff will ask your permission every time they look at your Summary Care Record.

You can choose not to have a Summary Care Record:

If you don't want a SCR, you need to let your GP practice know by filling in and returning an opt-out form.

You can change your mind at any time

Security and confidentiality

Healthcare staff who can see your Summary Care Record need to be directly involved in caring for you; need to have an NHS Smartcard with a chip and passcode, will only see the information they need to do their job; and will have their details recorded. By law, everyone working for the NHS must respect your confidentiality and keep all information about you secure.

Children and the Summary Care Record

Children will automatically have a SCR made for them. If you **do not** want your child to have one, you will need to fill in an opt-out form on behalf of your child and return it to your child's GP practice.

More information

For more information about SCRs please visit www.nhscarerecords.nhs.uk or phone the SCR Information Line on 0300 123 3020. Alternatively contact the Oldham Patient Advice and Liaison Service (PALS) on 0800 389 8679



Your emergency care summary

CONFIDENTIAL

OPT-OUT FORM

Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice (completed forms must be returned to your GP practice. Forms sent anywhere other than your GP practice will not be actioned).

A. Please complete in BLOCK CAPITALS

Title Surname / Family name

Forename(s)

Address

Postcode Phone No Date of birth

NHS number (if known) Signature

B. If you are filling out this form on behalf of another person or child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name Your signature.....

Relationship to patient Date

What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please:

- phone the Summary Care Record Information Line on 0300 123 3020;
- contact your local Patient Advice Liaison Service (PALS); or
- contact your GP practice.

FOR NHS USE ONLY

Actioned by practice yes/no Date

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