WELCOME TO
HIGHCLIFFE MEDICAL CENTRE

CHILD PATIENT REGISTRATION FORM
(Under 16's)

Child's Name……

Date of Birth……

The NHS Transfer Form (GMS1) and this registration form should be completed fully and return them both to a receptionist. If you are unsure about any information please speak to a receptionist either at the surgery or by calling 01425 272203. The parent/guardian completing these forms should bring their own registration form at the same time if not already a patient of the surgery.

Please bring evidence of your prescribed medication (i.e. a repeat prescription list).

IF IN THE FUTURE ANY OF YOUR CHILD'S PERSONAL/CONTACT DETAILS CHANGE, PLEASE ADVISE THE SURGERY WITHOUT DELAY**.**

For any information regarding the surgery please visit our website: www.highcliffemedicalcentre.co.uk

IF YOU HAVE PREVIOUSLY LIVED ABROAD WE NEED A COPY OF ANY IMMUNISATIONS THAT YOUR CHILD HAS HAD TO-DATE

FOR RECEPTIONIST USE: (To be filled out IN FULL)	
In Practice Area?	Yes/No

Notes: Has patient brought copy of immunisations if from abroad? If No-have you asked for this to be brought in ASAP Has patient brought copy of repeat prescription list? Signed and dated by receptionist: Date_____	 Yes/No Yes Yes/No

Personal medical history

Has your child ever suffered from any important medical illness, operation or admission to hospital? If so please enter details below:

Condition	Year diagnosed	Ongoing
		Yes/No
		Yes/No
		Yes/No

List of current medication

Please attach your repeat prescription list.

Allergies

Please list any allergies you have to any drugs/medication:

Name of medication	What was the problem or up-set?

Electronic prescribing

At Highcliffe Medical Centre we use the Electronic Prescribing Service to help our patients deal with their prescriptions quickly and easily. Using this service enables us to send your prescriptions electronically to a pharmacy so that you don't need to come to the surgery to collect your prescription. This makes the process quicker and more efficient.

If you would you like to nominate a convenient Pharmacy to which we can electronically send your child's prescriptions, please detail your preference below.

Name of pharmacy: _____ Location: _____

Ethnicity

□ British or mixed British □ Irish □ African

- □ Indian
- □ Pakistani
- □ Bangladeshi
- □ Chinese
- □ Caribbean
- □ Other (please state):

- □ Decline to state

Next of kin

Next of kin details (1):

Next of kin	
Relationship	
Their telephone number	
Their mobile number	
Their address	

Next of kin details (2): If applicable

Next of kin	
Relationship	
Their telephone number	
Their mobile number	
Their address	

Sharing your child's health records

In the NHS we aim to provide you with the highest quality of health care. To do this we must keep records about your child that contain information recorded by health workers who have been involved in their care. Everyone working for the NHS has a legal duty to keep information about you confidential and this practice retains your information securely.

We will only ask for, and keep information that is necessary. We will keep it as accurate and up to-date as possible in accordance with GDPR 2018.

We share your information solely for the purpose of your direct care. If you are not sure why it is needed, we will explain the need for any information we ask for.

For more information regarding this please visit our website or request a leaflet from reception.

Sharing your child's health record for the purpose of your direct care

Do you consent to your GP Practice sharing your health records with other local organisations that care for you?

Yes (recommended option)
No (not recommended)

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

Yes (recommended option)
No (not recommended)

Your Summary Care Record (SCR)

Yes – I would like a Summary Care Record for my child.

Express consent for medication, allergies, adverse reactions and additional information. (recommended option)

Or

Express consent for the medication, allergies and adverse reactions . (basic record) only.

No – I would not like a Summary Care Record for my child. (opt out)

National Data Opt-out scheme

Your child's health records contain confidential patient information, which can be used to help with research and planning. The NHS national data opt-out allows patients to choose that their confidential information is not to be used for purposes beyond their individual care and treatment.

Visit www.nhs.uk/my-data-choice for more information and to set or change your national data opt-out choice. OR call 0300 303 5678

Dorset Care Record (DCR)

If you wish to know more about this ask for a leaflet from reception. If you wish to opt out complete the form and send it to the Privacy Officer at the Dorset Care Record OR via the Opt Out page of the DCR website www.dorsetfory-ou.gov.uk/dorset-care-record/. We are unable to do this at the practice

Data for NHS Digital

I do not wish my child's identifiable data to leave the practice.

Your Signature:

Print name:

Date:.....