



Do you have any special communication needs? Yes No

If yes: Sign Language Large Print Other

CONFIDENTIAL MEDICAL REGISTRATION FORM (CHILDREN UNDER 16)

Please complete all pages in FULL using BLOCK capitals

Surname

First Names (in full)

Previous Surnames

Title: Mr Mrs Miss Ms Male Female

Date of Birth (day/month/year) NHS Number
(if known)

Town & country of Birth

Address
Post Code:

Telephone number: Mobile number:

ONLINE ACCESS

As a practice we are now using "patient access" meaning you can book appointments and order prescriptions anytime, anywhere. To join you will need to follow the instructions attached and provide us with your email address.

Yes I would like to register

Email address:

If registering a child under 5:

I wish the child above to be registered with [insert name of practice] for Child Health Surveillance

If you need your doctor to dispense medicines & appliances*:

For Dispensing Practices only:

I live more than 1 mile in a straight line from the nearest chemist

NHS Organ Donor registration:

Organ Donation Law changed in England on 20th May 2020

What has changed? Organ donation in England has moved to an 'opt out' system. You may also hear it referred to as 'Max and Keira's Law'. This means that all adults in England will be considered to have agreed to be an organ donor when they die unless they have recorded a decision not to donate or are in one of the excluded groups:-

- Those under the age of 18
- People who lack the mental capacity to understand the new arrangements and take the necessary action
- Visitors to England, and those not living here voluntarily
- People who have lived in England for less than 12 months before their death

Your family will still be approached and your faith, beliefs and culture will continue to be respected. You still have a choice whether or not you wish to become a donor.

If you wish to opt out of organ donation you will need to visit <https://www.organdonation.nhs.uk/register-your-decision> or ring 03001232323

NHS Blood Donor registration:

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years

Signature to confirm consent to inclusion on the NHS Blood Donor Register at the bottom of this form.

For more information, please ask for the leaflet on joining the NHS Blood Donor Register. My preferred address for donation is (only if different from above eg your place of work)

..... Post code:

Personal Medical History.....

Type of Birth:

(eg normal, forceps, Caesarean
If under 5)

Birth Weight:

(If under 5)

Feeding:

(Breast or bottlefed
If under 5)

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

Family History.....

Have any close relatives (*father, mother, sister, brother only*) ever suffered from: (please indicate who in the boxes)

Heart attack Under age of 65	Stroke	Diabetes	High blood pressure	Asthma	Glaucoma	Cancer

Immunisations

Please provide details of your child's immunisations with dates if possible (under 5's). If possible please give your Red Book to Reception to photocopy:

List of current medication

Please provide us with your repeat medication card or Prescription counterfoil. If you do not have a prescription counterfoil, we can try to obtain this information by accessing your Summary Care Record (SCR). Please tick this box if you consent to us accessing your SCR for this purpose

Name of medication	Dosage

Nominated Pharmacy

Please provide us with details of your nominated pharmacy

- Boots Copper House
- Boots Marsh Lane
- Bodriggy Pharmacy
- Other _____

Allergies

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

Name of medication	What was the problem or upset?

Ethnicity

- British or mixed British
- Irish
- African
- Caribbean
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other (please state):
- Decline to state

Next of kin

Name: Tel. contact number:

Relationship:

Where you have provided information on how to contact you, can you confirm you are happy for [insert name of practice] to contact you by the following:

By email Yes No This will be to send you test results, letters, Newsletter the like

By text Yes No This will be to send you reminders of appointments via text and test results

Preferred method of contact Text message Email

Summary Care Record

A Summary Care Record (SCR) is an electronic patient record, a summary of National Health Service patient data held on a central database covering England, part of the NHS National Programme for IT.

Only authorised healthcare staff with appropriate level of security are able to access your Summary Care Record

Tick the following relevant boxes:-

Express consent for medical, allergies, adverse reactions, AND additional information

The additional information is not yet active as yet but by ticking the above box you are giving consent in readiness

Express dissent (opted out) – you do not want a Summary Care Record

If you wish to OPT OUT from having your clinical information being held on this database please ask at reception for an OPT OUT form.

Signature

I confirm that the information that has been provided is true to the best of my knowledge.

Signed: Date:

Signature on behalf of patient Signature of patient
Updated 17.11.2020