



## New Patient Registration Form

### Children Under 11 Years

**Please complete this confidential questionnaire and the GMS1 Form**  
 Please tick and complete in **BLOCK CAPITALS** where applicable.  
 For children under the age of 1 please bring along the red book to confirm NHS number, Date of birth & Immunisation record

Contact Details	
Full Name:	Date of Birth:
Parent/ Guardian 1 – details:	Contact Number: E-mail Address:
Parent/ Guardian 2 – details:	Contact Number: E-mail Address:
Consent to receive text message communication for health & surgery matters: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consent to receive e-mail communication for health & surgery matters: <input type="checkbox"/> Yes <input type="checkbox"/> No

Ethnic Group						
Ethnic Origin: (Please tick box/ complete)	White (British)	White (Irish)	Mixed – white and black Caribbean			
Mixed – white and black African	Mixed – White and Asian	Asian or Asian British - Indian	Asian or Asian British - Pakistani			
Asian or Asian British - Bangladeshi	Black - Caribbean	Black - African	Chinese			
Gypsy Roma	Other white background	Other Mixed background	Other Asian background			
Other black background	Other ethnic group:		Prefer not to say			
If English is not your 1 <sup>st</sup> language, do you need a translator? <input type="checkbox"/> YES*** <input type="checkbox"/> NO ***If YES please confirm 1 <sup>st</sup> language .....						
Your Religion /Belief	Buddhist	Christian	Hindu	Jewish	Muslim	Sikh
	None	Prefer not to say	Other – please state:			

Medical Background:																		
Any diagnoses and allergies if known																		
Please list any medication your child is currently taking: (Strength and Dose instruction)		(Please supply a copy of their current repeat slip instead if you have one)																
Additional Information		<p>Does your child have a social worker, or have they had support from a social worker within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your child receive additional support from any other professional agency, (e.g., Speech and Language, CAMHS)?</p> <p>If yes, please provide details: _____</p> <p>If they require support to access the service, please contact the Surgery.</p>																
Prescriptions		<p><b>*** ALL PRESCRIPTION REQUESTS ARE TO BE MADE ONLINE VIA OUR WEBSITE OR ONLINE ACCESS, OR DROPPED INTO THE SURGERY IN WRITING***</b></p> <table border="1"> <tr> <td colspan="3">Name of preferred Pharmacy:</td> <td colspan="3">Do they deliver the medication?</td> </tr> <tr> <td colspan="3">Postcode:</td> <td>Yes</td> <td colspan="2">No</td> </tr> </table>					Name of preferred Pharmacy:			Do they deliver the medication?			Postcode:			Yes	No	
Name of preferred Pharmacy:			Do they deliver the medication?															
Postcode:			Yes	No														
Immunisation History (If known) - please tick all that apply OR Please provide a copy of the Immunisations from the red book if available.		Diphtheria	Measles	German Measles	Tetanus	Polio	MMR											
		Whooping Cough		Pre-school booster		Triple vaccine (Diphtheria, Tetanus & Pertussis) All 3 doses												
		Annual Influenza		Pneumococcal		Other:												
Your child's height:	Feet / inches	cm		Your Child's Weight:	Stones / lbs.		kg											
Online Services																		
<b>PLEASE NOTE</b>																		
1 – If you are a parent/ guardian and have access to your child's online services, this will be revoked once the child is 11 years unless a consent form/ Proxy Form is signed and dated by the patient.																		
2 – If you would like to set up Proxy Access for your child please complete the below. Please note that you will need to be registered at the Practice and have an active Online Services Account.																		
I would like to set up Proxy Access	Please tick		Your Full Name:			Date:												
	YES	NO	Relation to patient:															
			Your 1 <sup>st</sup> Line of Address:															
			Signature:															

## Summary Care Record

### What is a Summary Care Record (SCR)?

If you are registered with a GP practice in England, you will already have an SCR unless you have previously chosen not to have one. It includes the following basic information:

- Medicines you are taking
- Allergies you suffer from
- Any bad reactions to medicines.

It also includes your name, address, date of birth and unique NHS Number which helps to identify you correctly.

### What choices do you have?

You can now choose to include more information in your SCR, such as significant medical history (past and present), information about management of long-term conditions, immunisations and patient preferences such as end of life care information, particular care needs and communication preferences.

If you would like to do this, please tick and sign below and we will update your medical record to include sharing this information.

Please update my summary care record to include additional information

Signed.....Print

Name.....

### Who can see my SCR?

Only authorised care professional staff in England who are involved in your direct care can have access to your SCR. Your SCR will not be used for any other purposes.

These staff:

- Need to have a Smartcard with a chip and passcode
- Will only see the information they need to do their job
- Will have their details recorded every time they look at your record

For more information visit [www.nhs.uk/records](http://www.nhs.uk/records)

To Opt-out of any information being shared please inform the Receptionist when handing over your form.

## Your Health Records

### Manage your choice

**Online:** <https://www.nhs.uk/your-nhs-data-matters/>

Use this service to request that your confidential patient information is not used beyond your own individual care.

**Telephone:** 0300 303 5678 Open: 9am to 5pm Monday to Friday (excluding bank holidays). You may contact the NHS Digital Contact Centre to verify your identity and discuss your data sharing choices. We may be able to guide you through the online service or set a choice on your behalf.

**Parents or legal guardians** may also set and manage a choice on behalf of their child under the age of 13.

You can set and manage a choice on behalf of **another individual, who is unable to manage their choice independently**. For example, if you have power of attorney.

**If you decide to opt out**, this will be respected and applied by NHS Digital and Public Health England. These organisations collect, process and release health and adult social care data on a national basis. Your decision will also be respected and applied by all other organisations that are responsible for health and care information by March 2020.

**An opt-out will only apply to the health and care system in England.** This does not apply to your health data where you have accessed health or care services outside of England, such as in Scotland and Wales.

**If you choose to opt out, your data may still be used during some specific situations. For example, during an epidemic where there might be a risk to other people's health.**

**For more information on where opt outs do not apply visit:** <https://www.nhs.uk/your-nhs-data-matters/where-your-choice-does-not-apply/>

## Privacy Notice

### How does the practice use my personal data?

- We use your personal data in order to provide you with care and treatment and to ensure your treatment and advice, and the treatment of others is safe and effective.
- Please find the practice privacy notice on the website: <https://compasshousemedical.com/privacy-policy> or speak to a member of staff for more information about your rights or for a copy of the practice's privacy notice.

Please visit our website: <https://compasshousemedical.com> for more information on our services and for any important practice updates