

(0-15 years old)

Please complete this form and carry it to the surgery along with photo ID (passport or driving licence) and proof of address (utility bill in the last 3 months)

PATIENT DETAILS

SURNAME*:	FIRSTNAME*:
DATE OF BIRTH*:	SEX*: MALE FEMALE NONBINARY
MOBILE PHONE No*:	HOME PHONE No*:
NHS NUMBER*:	

It is the responsibility of the patient to ensure the mobile contact number is still appropriate to receive SMS information on their behalf once the patient reaches 16 years old

ETHNICITY (Please tick a box)

White British	Mixed Other	Black African
White Irish	Indian	Black-Other
White Other	Pakistani	Chinese
White & Black Caribbean	Bangladeshi	Other ethnic group (enter below)
White & Black African	Asian-Other	
White & Asian	Black Caribbean	

PARENT / LEGAL GUARDIAN DETAILS

In line with the Government's Child Protection procedures, we are now required to ask for specific information on all new patients registering with us under the age of 16 years. We would very much appreciate your help in this matter, and any information you provide will be regarded as confidential.

NEXT OF KIN AND CARER STATUS

NAME OF MAIN CARER (with parental responsibility)*:	
RELATIONSHIP TO CHILD*:	CONTACT NUMBER*:
NAME OF SCHOOL:	
SOCIAL SERVICES INVOLVEMENT*:	
IF YES PLEASE PROVIDE DETAILS OF SOCIAL WORKER:	

MEDICAL INFORMATION

Does the child suffer from any allergies*:	If YES please provide further details below:
Does the child currently take any medication*:	If YES please provide further details below:
Does the child suffer from any significant ongoing medical problems*:	If YES please provide details below:
Has the child had any serious illness or operations in the past*:	If YES please provide details below:

FAMILY HISTORY (Please enter the member of your family with condition, i.e. mother, father, sister, brother)

Asthma:	CVA/TIA/Stroke:	Thyroid Disease:
CHD:	Cancer:	Diabetes:
Epilepsy:	Hypertension:	Other:

Vaccination History*

If your child is 0-5 years old kindly provide us with the information about your child immunisations that they have received. You **MUST** provide us with any records you have in your **RED Child Health Book** (vaccination history/book) when you register your child at the Practice. Your child's health record may also be available online, please visit www.eredbook.org.uk

Age Due	Vaccine	Tick if [] Yb	Date [] Yb	At GP [] Yfm	Other [] Ybi Y
Birth Onward	BCG, Hepatitis B course of 4 injection at birth, 1, 2 and 6mths				
2 months	1st 5-in-1 Vaccine, 1st Pneumococcal, 1st Rotavirus, 1st Men B				
3months	2nd 5-in-1 Vaccine, 2nd Rotavirus, 1st Men C (discontinued July 1st 2016)				
4months	3rd 5-in-1 Vaccine, 2nd Pneumococcal, 2nd Men B				
12 months	1st MMR, 3rd Pneumococcal, 3rd Men B, Hib/Men C,				
2-6 years	Children's flu vaccine (annual)				
3yrs 4 Months	4-in-1 pre-school booster, 2nd MMR				

Immunisation records are very important for the wellbeing of your child. Collecting this information will ensure that we have an up to date record, including when the next vaccinations are due.

If above vaccination history is not complete and/or missing it WILL DELAY your child's registration process.

ELECTRONIC PRESCRIPTION SERVICE (EPS)*

All prescriptions must be sent via EPS, where possible. This helps with paper wastage and means prescriptions can be sent straight to your preferred chemist. You must set this up now, even if you do not currently take any medication. You will be able to change your preference in the future, should you wish.

Please select from one of our local pharmacies below. This is not an exhaustive list, if you would like to use a pharmacy that isn't listed please enter their details.

Lloyds, 209 Woodhouse Rd, N12 9AY

Tesco, Coppetts Centre, N12 0SH

H. Haria, Friern Barnet Rd, N11 1NE

Carters, 321 Ballards Ln, N12 8LT

Other pharmacy not stated above (name and address including postcode):

TEXT MESSAGE COMMUNICATION (to be completed by age appropriate child)

The practice communicates heavily by text message. Please read the following carefully.

I consent to the practice contacting me on my mobile number by text message for any purpose relating to my health, including appointment reminders, health promotion and confidential medical information.

I acknowledge that I must cancel appointments in advance, if I am unable to attend, by replying to the appointment confirmation text message. Failure to do so may result in my removal from the practice.

I understand that it is my responsibility to make sure my contact details are correct and update the practice of any changes to that information. Friern Barnet Medical Centre will not be held responsible for confidential information being sent to incorrect contact details in this case.

I am happy to receive **all** information,
including clinical information by text*

I do **not** wish to receive any
information by text*

CONSENT

It is the responsibility of the patient to ensure their consent record remains the same once they are 16 years old

MEDICAL RECORD SHARING allows your GP Medical Records to be made available to authorised healthcare professionals involved in your care. **IF YOU DO NOT WANT YOUR GP RECORD SHARED TICK HERE:**

It is our policy to never sell any of your information to 3rd party organisations or share information which is not directly beneficial to the delivery of care to you individually or our practice population.

SUMMARY CARE RECORD contains details of your key health information - medications, allergies and adverse reactions. They are accessible to authorised healthcare staff in A&E Departments throughout England.

You will always be asked your permission before anybody looks at your Summary Care Record.

IF YOU DO NOT WANT TO SHARE YOUR SUMMARY CARE RECORD TICK HERE:

The **Care.data Programme** Collates information about you and the care you receive. It links information from all the different places where you receive care, such as your GP, hospital and community services, to help them provide a full picture of your medical needs and the care you are receiving. This data is made available to NHS Commissioners so that they can design integrated services and is shared with third parties for research purposes.

I WISH TO OPT OUT FROM MY PERSONAL CONFIDENTIAL DATA BEING SHARED OUTSIDE MY GP PRACTICE:

I WISH TO OPT OUT FROM MY DATA BEING SHARED WITH THIRD PARTIES:

CONSENT TO DISCUSS MY MEDICAL RECORDS this allows a family member to discuss your full medical records with your GP on your behalf.

I WISH TO GIVE

CONSENT TO DISCUSS MY MEDICAL RECORDS ON MY BEHALF.

RELATIONSHIP TO THE PATIENT

CONTACT NUMBER

PATIENT DECLARATION: To the best of my knowledge all the proceeding answers are true and correct.

Sign*

Print Name*

Date*