

# Registration Form - Children Under 14

## Patient's Details

Please complete ALL fields in BLOCK CAPITALS and tick ☒ as appropriate

☐ Mr ☐ Mrs ☐ Miss ☐ Ms Surname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ First Name: \_\_\_\_\_  
NHS No.: \_\_\_\_\_ Previous Surname: \_\_\_\_\_  
☐ Male ☐ Female **Town & Country of Birth:** \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Phone: \_\_\_\_\_ **Mobile:** \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Parents/Guardian's & School Details

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: (if different from above): \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Are you currently or registering today at this GP Surgery ☐ Yes ☐ No  
Name of School/Nursery: \_\_\_\_\_  
Social Worker? ☐ Yes ☐ No Name of Social Worker: \_\_\_\_\_  
Social Workers Contact Details: \_\_\_\_\_

## Please help us trace your previous medical records by providing the following information

Your previous address in the UK: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Name of previous Doctor: \_\_\_\_\_  
Address of previous Doctor: \_\_\_\_\_  
Postcode: \_\_\_\_\_

## If you are from abroad

Are you visiting from overseas? ☐ Yes ☐ No  
If yes, how long is your visit? \_\_\_\_\_ Days/Months (delete as appropriate)  
Do you hold a non UK EHIC or an S1 (formally E106)? ☐ Yes ☐ No (If yes please email a copy to selicb.g85085-general@nhs.net)  
Your **first UK address** where registered with a Doctor: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
If previously resident of the UK, date of leaving: \_\_\_\_\_  
**Date you first came to live in the UK:** \_\_\_\_\_

## Details of Chemist/Pharmacy from where you would like to order & pick up repeat prescriptions

Name of Pharmacy: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

☐ **Signature Parent or Guardian:** \_\_\_\_\_

Date: \_\_\_\_\_

# NHS Organ Donor Registration

I would like to join the NHS Donor Register as someone whose organs may be used for transplantation after my death.

Please tick (☒) as appropriate.

- ☐ Kidneys    ☐ Heart    ☐ Liver    ☐ Corneas    ☐ Lungs  
☐ Pancreas    ☐ Any part of my body

\_\_\_\_\_  
Signature confirming consent to organ donation

Date \_\_\_\_\_

# 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.

Please tick (☒) if you have given blood in the last 3 years ☐

\_\_\_\_\_  
Signature confirming consent to inclusion to the NHS Blood Donor Register

Date \_\_\_\_\_

My preferred address for donation is (if different from home address e.g. work)

\_\_\_\_\_ Post Code \_\_\_\_\_

## New Patient Questionnaire – Children (under 14) ONE FORM FOR EACH PATIENT

Grove Medical Centre – Windlass Place, Deptford, London SE8 3QH

### WELCOME TO OUR PRACTICE

We aim to provide you with a complete range of medical care. There is normally a delay before your notes reach us. To help us provide the best service for you, it is important that you fill in this CONFIDENTIAL questionnaire. USE ONE FORM PER MEMBER OF HOUSEHOLD. Please note all over the age of 5 should have a health check with our Practice Nurse within the next 28 days.

ETHNIC ORIGIN ..... MAIN SPOKEN LANGUAGE .....

INTERPRETER NEEDED? ☐ Yes ☐ No

### For your information – Text Reminder Service

When you register with our practice we provide a text reminder service. This service includes the following:

- Text reminders near your appointment time (**this also includes a feature to cancel by text if you no longer require the appointment**).
- Health Care text reminders where relevant to your care.

If you want to receive these, please tick – Yes ☐

### YOUR HEALTH: -

Please note down any of the following in the space provided. Any referrals for consultant/specialist opinion; hospital stays; operations; serious accidents; serious illness; serious disability and current medical problems.

DATE	ILLNESS/OPERATION	PLACE OF TREATMENT

### MEDICATION: -

Please list any prescribed medicine.

NAME OF MEDICATION	STRENGTH OF TABLET/LIQUID	HOW OFTEN TAKEN PER DAY

# New Patient Questionnaire – Children (under 14) ONE FORM FOR EACH PATIENT

## IMMUNISATIONS

AGE DUE	IMMUNISATION	DATE GIVEN	WHERE GIVEN (tick) OWN G.P. CLINIC	
<b>2 MONTHS</b>	DTaP/IPV/Hib + Hep B			
<b>2 MONTHS</b>	RV (rotavirus) vaccine			
<b>2 MONTHS</b>	MenB			
<b>3 MONTHS</b>	DTaP/IPV/Hib + Hep B			
<b>3 MONTHS</b>	PCV (pneumococcal) vaccine			
<b>3 MONTHS</b>	RV (rotavirus) vaccine			
<b>4 MONTHS</b>	DTaP/IPV/Hib + Hep B			
<b>4 MONTHS</b>	MenB vaccine			
<b>12 MONTHS</b>	MMR + Hib/Mec C + PCV + MenB			
<b>3 YRS &amp; 4 MONTHS</b>	DTaP/IPV + MMR			
<b>12-13 YEARS (Girls Only)</b>	HPV			
<b>14 YEARS</b>	Td/IPV + MenACWY			
	Other: .....			

**New Patient Questionnaire – Children (under 14) ONE FORM FOR EACH PATIENT**

**ALLERGY**

List any medically diagnosed allergies (particularly drug allergies)

.....

Signed.....  
(Parent/Guardian/Carer)

Date.....

Thank you for your cooperation. Your answers are for our records only.

*If all relevant information is not correctly filled in patient will not be registered.*

# A new way to get your medicines and appliances



**The Electronic Prescription Service (EPS) is an NHS service. It gives you the chance to change how your GP sends your prescription to the place you choose to get your medicines or appliances from.**

## **What does this mean for you?**

- If you collect your repeat prescriptions from your GP you will not have to visit your GP practice to pick up your paper prescription. Instead, your GP will send it electronically to the place you choose, saving you time.
- You will have more choice about where to get your medicines from because they can be collected from a pharmacy near to where you live, work or shop.
- You may not have to wait as long at the pharmacy as there will be time for your repeat prescriptions to be ready before you arrive.

## **Is this service right for you?**

Yes, if you have a stable condition and you:

- don't want to go to your GP practice every time to collect your repeat prescription
- collect your medicines from the same place most of the time
- use a prescription collection service now

No, if you:

- don't get prescriptions very often
- pick up your medicines from different places
- travel or work away from home a lot

## **How can you use EPS?**

You need to choose a place for your GP practice to electronically send your prescription to. This is called *nomination*. You can choose:

- a pharmacy
- a dispensing appliance contractor (if you use one)
- your dispensing GP practice (if you are eligible)

Ask any pharmacy or dispensing appliance contractor that offers EPS or your GP practice to add your nomination for you. You don't need a computer to do this.

## **Can I change my nomination or cancel it and get a paper prescription?**

Yes you can. If you don't want your prescription to be sent electronically tell your GP. If you want to change or cancel your nomination, speak to any pharmacist or dispensing appliance contractor that offers EPS, or your GP practice. Tell them before your next prescription is due, or your prescription may be sent to the wrong place.

## **Is EPS reliable, secure and confidential?**

Yes. Your electronic prescription will be seen by the same people in GP practices, pharmacies and NHS prescription payment and fraud agencies that see your paper prescription now.

Sometimes dispensers may see that you have nominated another dispenser. For example, if you forget who you have nominated and ask them to check, or if you have nominated more than one dispenser.

**For more information about EPS visit [www.cfh.nhs.uk/eps](http://www.cfh.nhs.uk/eps), your pharmacy, dispensing appliance contractor or GP practice.**

**Patient nomination form**

Form EPS-NOM-D001

**PATIENT NOMINATION REQUEST**  
(as part of the EPS Release 2 process)

First name:

Surname:

Address:

Postcode:

Date of birth..... NHS Number .....

I am the patient named above. Nomination has been explained to me by staff at my GP practice/community pharmacy/appliance contractor. I have also been given a leaflet about this.

I have read the nomination leaflet and understand what I have to do.

Name and address of nominated dispenser

Patient/patient representative signature :

Patient representative telephone number:

Patient telephone numbers:

Home:

Mobile:

Work:

Patient email address:

Staff signature:

Date:



## Your emergency care summary

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### How secure are Summary Care Records?

By law, everyone working for the NHS or on behalf of the NHS must keep all information about patients secure. Healthcare staff have a legal, ethical and professional obligation to respect patient confidentiality.

Summary Care Records are stored securely on NHS computers. There are measures in place to ensure the information is stored safely, stays private and can only be looked at by those authorised to do so.

### Can patients access their Summary Care Record?

Patients will be able to look at their Summary Care Record at any time at a secure website called HealthSpace.

Patients must register to use HealthSpace to keep it as secure as possible. For more information about HealthSpace visit [www.healthspace.nhs.uk](http://www.healthspace.nhs.uk)

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### Further information

Your local health organisation can provide further details about plans for Summary Care Records and HealthSpace in your area, including system training and governance advice.

For more information about Summary Care Records visit:  
[www.connectingforhealth.nhs.uk/systemsandservices/scr/staff](http://www.connectingforhealth.nhs.uk/systemsandservices/scr/staff)

The NHS Care Record Guarantee sets out how the NHS will collect, store and allow access to electronic patient records and a patient's choices for how their information is stored and looked at. The NHS Care Record Guarantee is available at: [www.nigb.nhs.uk/guarantee](http://www.nigb.nhs.uk/guarantee)

If you are not able to answer a patient's query you can advise them to speak to a member of the Patient Advice and Liaison Services (PALs) at your NHS organisation; visit [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk) or phone the Summary Care Record Information Line on 0300 123 3020.





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

#### 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 a 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.....