

0 – 16 Years Registration Form

Please ensure the following are done and provided so that your registration can be completed successfully

- Completed & Signed form below
- Completed & Signed GMS1 Form
- Photo Proof of ID e.g. Passport, Photo ID card
- Proof of Parental address x2 e.g Council tax, utility bill, etc –last 3-6 months in parent name (only if parents/guardian not registered)
- Proof of eligibility for NHS treatment e.g VISA / EHIC E112, E119 or E128

| Name | | NH | HS No (If known) | |
|-------------|-----------------|---------------|----------------------------------|-------------|
| Address | | Da | ate of Birth | |
| | | Нс | ome Telephone | |
| | | Μ | obile | M: |
| | | w | ho's Mobile? | 🗌 Mum 🔲 Dad |
| | | | | ☐ Other |
| | | | o you consent to xt messages? | 🗌 YES 🗌 NO |
| Previous GP | Practice: | | | |
| | Address: | | | |
| Ethnicity | ☐ White (UK) | Black | 🗌 Bangladeshi | Arabic |
| | 🗌 White (Irish) | Caribbean | 🗌 Indian | Chinese |
| | White (Other) | Black African | Pakistani | Other |
| | | Black Other | | |
| Religion | C of E | Buddhist | Sikh | No religion |
| | Catholic | 🗌 Hindu | Jewish | Other: |
| | Other Christian | Muslim | Jehovah's | |

Your Child's Details:

| | | | Witness | |
|------------------------|--|---------------------|-----------|-----------------------------|
| | | | | |
| Language | What is your child | 's main spoken lar | guage? | |
| | Do you need and interpreter: 🗌 Yes 🗌 No | | | |
| Communication | | ave any specific co | | |
| | E.g. Language issues, problems with vision or hearing. | | | |
| Do they need to | Walking aid | Hearing aid | | Lip reading |
| use? | U Wheelchair | Large print | | British sign language (BSL) |
| | Other: | Braille | | Makaton sign language |
| | | | | |
| Are they currently? | Housebound | Homeless | A Refugee | An Asylum Seeker |

Parent and Guardian Details:

| Name | Relationship | Parent Guardian |
|---------|------------------|--|
| Address | Home Telephone | |
| | Mobile Telephone |) |
| | Work Telephone | |

Non-Resident Parent and Guardian Details:

| Name | Relationship | Parent |
|------|--------------|------------|
| | | 🗌 Guardian |

| Address | Home Telephone | |
|---------|------------------|--|
| | Mobile Telephone | |
| | Work Telephone | |

Carer and Relationship Details:

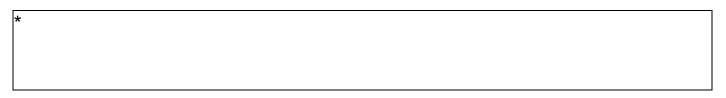
| Who is your child's | Name: |
|----------------------|---------------|
| next of kin? | Address: |
| | Telephone: |
| | Relationship: |
| Is your child cared | Name: |
| for? If yes, who by: | Address: |
| | Telephone: |
| | Relationship: |

Medical Problems:

Has your child suffered from any of the following conditions?

| 🗌 Asthma | Diabetes | Epilepsy | Other* | |
|----------|----------|----------|--------|--|
| | | | | |

Please also list any other conditions, operations or hospital admission details below:



Family History:

Please record any significant family history of close relatives with medical problems

(e.g. heart attacks, stroke, diabetes, high blood pressure, asthma, glaucoma, cancer, liver and kidney disease)

Allergies:

Please record any allergies or sensitivities below

Current Medication:

Please check and include as much information about your child's current medication below

Previous Immunisations:

Please bring your Red Book and provide as much information about your previous immunisations below

Which school / nursery are you attending?

School / nursery details

Further Details:

Accessing Your Child's Medical Record

We can give you online access to view your child's medical records, request medication and book appointments

| Would you like access to your child's medical records online? | 🗌 Yes | □ No |
|---|-------|------|
| | | |

Electronic Prescribing

| It is safer and quicker for the Practice to send all repeat prescriptions electronically | This means you will NOT need to collect a traditional green paper prescription – your prescription will be sent by computer link to the chemist you have chosen |
|---|---|
| | Halls – Forest Hall |
| | Lloyds – Forest Hall |
| Please inform us which chemist you would like your prescription sent to: (This can be changed at any point to suit you) | ☐ Boots – Forest Hall |
| | Morrisons - Killingworth |
| | 🗌 Asda – Benton |
| | Other (please name) |
| | |

Contacting You

We may need to contact you to confirm appointments, test results and any health campaigns. It is your responsibility to keep the Practice updated with any changes to your telephone number, email address & postal address.

| Do you give consent for us to contact you | Email | Yes | No |
|---|----------|-------|----|
| by: | Text/SMS | 🗌 Yes | No |

Data Sharing

To maintain continuity of clinical care, we upload **certain** medical information so that it is available to other healthcare organisations (eg Emergency Departments). Please read the accompanying leaflet which details what part of your record is extracted and how it is used to help other NHS organisations. If you wish to **OPT OUT** please complete the form found with this leaflet.

Parent or Guardian Signature

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

| Signature | |
|-----------|--|
| Name | |
| Date | |