



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

Your Child's Details:

Name		NHS No (If known)	
Address		Date of Birth	
		Home Telephone	
		Mobile	M:
		Who's Mobile?	<input type="checkbox"/> Mum <input type="checkbox"/> Dad <input type="checkbox"/> Other
		Do you consent to text messages?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Previous GP	Practice: Address:		
Ethnicity	<input type="checkbox"/> White (UK) <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Arabic <input type="checkbox"/> White (Irish) <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/> White (Other) <input type="checkbox"/> Black African <input type="checkbox"/> Pakistani <input type="checkbox"/> Other <input type="checkbox"/> Black Other		
Religion	<input type="checkbox"/> C of E <input type="checkbox"/> Buddhist <input type="checkbox"/> Sikh <input type="checkbox"/> No religion <input type="checkbox"/> Catholic <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Other: <input type="checkbox"/> Other Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Jehovah's		

	Witness
Language	<p>What is your child's main spoken language?</p> <p>Do you need an interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Communication	<p>Does your child have any specific communication difficulties?</p> <p>E.g. Language issues, problems with vision or hearing.</p>
Do they need to use?	<input type="checkbox"/> Walking aid <input type="checkbox"/> Hearing aid <input type="checkbox"/> Lip reading <input type="checkbox"/> Wheelchair <input type="checkbox"/> Large print <input type="checkbox"/> British sign language (BSL) <input type="checkbox"/> Other: <input type="checkbox"/> Braille <input type="checkbox"/> Makaton sign language
Are they currently?	<input type="checkbox"/> Housebound <input type="checkbox"/> Homeless <input type="checkbox"/> A Refugee <input type="checkbox"/> An Asylum Seeker

Parent and Guardian Details:

Name		Relationship	<input type="checkbox"/> Parent
			<input type="checkbox"/> Guardian
Address		Home Telephone	
		Mobile Telephone	
		Work Telephone	

Non-Resident Parent and Guardian Details:

Name		Relationship	<input type="checkbox"/> Parent
			<input type="checkbox"/> Guardian

Address		Home Telephone	
		Mobile Telephone	
		Work Telephone	

Carer and Relationship Details:

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

Medical Problems:

Has your child suffered from any of the following conditions?

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Other*
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Please also list any other conditions, operations or hospital admission details below:

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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)

<i>Please confirm which relative e.g mum, dad, brother, sister. Grandparents</i>
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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
Please inform us which chemist you would like your prescription sent to: (This can be changed at any point to suit you)	<input type="checkbox"/> Halls – Forest Hall <input type="checkbox"/> Lloyds – Forest Hall <input type="checkbox"/> Boots – Forest Hall <input type="checkbox"/> Morrisons - Killingworth <input type="checkbox"/> Asda – Benton <input type="checkbox"/> 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 by:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Text/SMS	<input type="checkbox"/> Yes <input type="checkbox"/> 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	