

NEW PATIENT REGISTRATION FORM
For children aged 0 to 12 years

Welcome to Glenlyn Medical Centre.

A parent or guardian should complete this form on behalf of the child. We pride ourselves on offering a high standard of care and this information is extremely valuable in achieving this. An administrator will be happy to assist you with any queries you may have. Please bring the completed form to Reception together with your identification documents.

IDENTIFICATION

- | | | | |
|-------------------------------------|--------------------------|------------------------|--------------------------|
| Bank/building society statements | <input type="checkbox"/> | Letter-Social services | <input type="checkbox"/> |
| Full Birth certificate | <input type="checkbox"/> | Passport | <input type="checkbox"/> |
| Adoption certificate | <input type="checkbox"/> | Red book | <input type="checkbox"/> |
| Letter-Benefits Agency/benefit book | <input type="checkbox"/> | | <input type="checkbox"/> |

**One or more of these documents can be used to verify your and your child's identity.
 You must produce one item of ID that confirms your parental responsibility e.g. full birth certificate**

For office use only:

Name confirmation Which document was seen?		Date of document:	
Address confirmation Which document seen?		Date of document:	
Parental responsibility Which document seen?		Date of document:	
Staff member (write clearly)		Today's date:	

ABOUT YOUR CHILD

Surname: **Forename(s):**

Gender: **DOB:**

Address:

Post code:

Who has legal parental responsibility(i.e. both parents, mother, father, grandparents, other?)

Who does the child live with?

Which school does the child attend?

Are there any issues at school or home that we need to know about?

ABOUT YOU

Surname: **Forename(s):**

Relationship to Child:

Email:

Home Phone:

Mobile: **Work Phone:**

If you would like this form in Large Print or Easy Read, or require assistance because you use British Sign Language, lip-reading or have other communication needs, please let us know.

COLLECTING INFORMATION ABOUT ETHNIC GROUPS

Under the terms of the NHS Contract, the Practice is required to ask all new patients to describe their own ethnic group. This list is designed to allow most people to identify themselves. However, if you feel the categories do not describe your child's ethnic group, please let us know and we will enter 'any other group' together with details of how you would describe your child (e.g. 'Cornish').

The reasons given for collecting this data are that 'information on ethnicity is important because of the need to take into account culture, religion and language in providing appropriate individual care, changing legislation, the importance of providing information on ethnicity for shared care including secondary care and the need to demonstrate non-discrimination and equal outcomes.'

If you choose not to complete the question we will assume that you have exercised your right not to divulge your ethnicity.

Ethnic Groups

Please tick:

- | | | |
|--|---|---|
| <input type="checkbox"/> Asian or Asian British – Indian | <input type="checkbox"/> Asian or Asian British – Pakistani | <input type="checkbox"/> Asian/Asian British – Bangladeshi |
| <input type="checkbox"/> Asian/Asian British – any other Asian background | <input type="checkbox"/> Black or Black British – Caribbean | <input type="checkbox"/> Black or Black British – African |
| <input type="checkbox"/> Black or Black British – any other Black background | <input type="checkbox"/> Mixed – White and Black Caribbean | <input type="checkbox"/> Mixed – White and Black African |
| <input type="checkbox"/> Mixed – White and Asian | <input type="checkbox"/> Mixed – any other mixed background | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> White – British | <input type="checkbox"/> White – Irish | <input type="checkbox"/> White – any other White background |
| <input type="checkbox"/> Any other ethnic group _____ Language(s) Spoken _____ | | |

COLLECTING INFORMATION ABOUT SERVICE FAMILIES

Glenlyn recognises its responsibilities to the families of Armed Forces Personnel.

Please let us know if your child is a member of a Service Family. This will allow us to inform other healthcare providers so that they are not disadvantaged by having to move locations with their parents or guardians because of the needs of the Service.

Is your child a member of a Service Family? No Yes

Is your child on a waiting list in another place? No Yes

Which waiting list: _____ Which Hospital/Referral Place: _____

YOUNG CARERS

Is your child a young carer? No Yes If yes, please ask for a Carers' Form when you hand in this form.

(Do they look after someone who is dependent on them some, or all, of the time?)

MAKING INFORMATION ACCESSIBLE

If you would like us to record your communication needs on your medical record, please indicate below:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Large Print | <input type="checkbox"/> British Sign Language | <input type="checkbox"/> Deaf or hard of hearing |
| <input type="checkbox"/> Easy Read | <input type="checkbox"/> Lip reading | <input type="checkbox"/> Other _____ |

CONSENT FOR SOMEONE ELSE TO ACT ON YOUR BEHALF

We are unable to discuss any aspect of your child's care or give their prescriptions to anyone other than their legal guardians/parents unless we have your express permission. If you would like to give consent for a carer (grandparent, childminder etc) to act on your behalf please complete the following:

I give consent to the following person / people:

Name(s):

Relationship to your child:

To:

- Collect prescriptions for my child
- Discuss my child's health and care with practice staff (e.g. booking and attending appointments if you are working.)

Please sign and date the box below:

Signed:		Date	
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APPLICATION FOR PROXY ACCESS TO ONLINE SERVICES

I wish to apply for access to the following online services for my child (please tick all that apply):

Booking appointments	<input type="checkbox"/>	Requesting repeat prescriptions	<input type="checkbox"/>	Accessing medical record	<input type="checkbox"/>
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If you have ticked 'Accessing my child's medical record' please read the following statements and tick to confirm your agreement:

I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I suspect that my child's account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
If I see information in my child's record that is not about them or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

Signed: <input type="checkbox"/>	Date: <input type="checkbox"/>
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Instructions for creating your proxy access account will be sent to the email address given on page 1.

Proxy access will be withdrawn by our clinical system provider at age 11 in line with guidance issued by the Royal College of General Practitioners (RCGP.) Please speak to us if you wish to have online access after this point. Your child may apply for an account in their own name from the age of 13.

EQUALITY STATEMENT

Under the Equality Act 2010, it is against the law for an organisation to discriminate against anyone on the grounds of colour, age, sex, race / nationality - including citizenship - ethnic or national origins, marital status, civil partnership, disability, sexual orientation, any religion, or religious or philosophical belief.

Glenlyn Medical Group is committed to ensuring that the way in which we provide services to the public and the way in which we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

CONSENT FOR TEXT AND EMAIL COMMUNICATION

At Glenlyn, we use email and texts to keep you informed about your care and about the practice.

If you have provided a mobile phone number your child will be automatically enrolled for text messages about their care such as appointment reminders, test results, annual reviews and vaccination invitations.

If you **DO NOT** want to receive text messages about your child's direct care, please tick this box here
Please be aware that if you opt-out, you will not receive appointment reminders

If you would like to receive text messages with information about the surgery, such as newsletters or alerts to planned and unplanned closures of either surgery (e.g. power cuts) please tick the relevant boxes below

If you **DO** want to receive notification of our latest newsletter via text

If you **DO** want to be alerted to surgery/service alterations (e.g. power failures) via text

If you would like to receive emails with information about the surgery, such as newsletters or alerts to planned and unplanned closures of either surgery, please tick the relevant boxes below

If you **DO** want to receive our latest newsletter via email

If you **DO** want to be alerted to surgery/service alterations (e.g. power failures) via email

You may opt out of email and text messaging services at any time – please inform the Reception Manager in person or by email to glenlynpatient.services@nhs.net

General Data Protection Regulation / Data Protection Act 2018 It is important that we maintain the confidentiality of your child's medical information and so our practice policy is to only accept personal email addresses and mobile phone numbers for patients aged 13 years and older. This policy takes account of changes in data protection legislation introduced in 2018. When you child reaches their 13th birthday, we will remove their parent or guardian's email address and mobile telephone number from their medical record and they will need to provide their own.

SUMMARY CARE RECORD

An electronic Summary Care Record is automatically created for your child when you register them. It contains brief health information such as their medications and allergies and can be viewed by clinicians who are treating them in other settings in England, such as A&E, Ambulance Services, other GP surgeries and out of hours services.

If you would prefer your child not to have a Summary Care Record, please ask to speak to the Reception Manager.

For information:

NATIONAL DATA OPT-OUT

(SHARING OF YOUR PERSONAL INFORMATION FOR PURPOSES OTHER THAN YOUR OWN DIRECT CARE)

NHS Digital collects health information from GP records, hospitals and other healthcare providers for planning and research purposes - sometimes this data includes information that could identify individuals. You are entitled to opt-out of your data being used in this way. Making this choice won't affect the care you receive in any way.

You can opt-out online on the NHS Choices website www.nhs.uk from 25th May 2018. NHS Digital will be providing a non-digital alternative for patients who can't or don't want to use an online system.

(The National Data Opt-out replaces the previous Type 2 opt-outs which patients registered with their GP. Further information about the programme can be found on the NHS Digital website at <http://digital.nhs.uk/services/national-data-opt-out-programme>.)

Your Child's Medical History

IMMUNISATIONS

It is essential that we have an up to date record of your child's immunisations - please attach a copy of your child's immunisation record from their Red Book or equivalent to this form or ask us to make a copy when you bring in the form. If their vaccinations were given overseas, please provide a translation.

HEALTH CONDITIONS

Has your child ever been diagnosed with:	Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Deafness/hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>
Blindness/visual impairments	<input type="checkbox"/>	<input type="checkbox"/>

If your child has any conditions, please give details below:

Learning/behavioural difficulties

Heart/Lung/Kidney/Liver problems

Other medical problems

ALLERGIES / INTOLERANCES

Please list any drugs, food or other substances to which your child is allergic (i.e. develop a rash / swelling / anaphylactic shock) or drugs to which they are intolerant (i.e. side effects such as diarrhoea or nausea).

- | | |
|--|---------------------------------------|
| | Allergy / intolerance (please circle) |
| | Allergy / intolerance (please circle) |
| | Allergy / intolerance (please circle) |
| | Allergy / intolerance (please circle) |

MEDICATIONS

Please provide a list of any repeat medications your child is taking:

Your child will need to see a GP before we can issue any medications that were on repeat at your previous GP.

1.

2.

3.

4.

5.

6.

PRESCRIPTIONS

Glenlyn is an **electronic prescribing practice** and we are phasing out paper prescriptions where possible. Please nominate the pharmacy where you would like to collect your child's prescriptions and we will send them there electronically. You can find a list of local pharmacies on the NHS Choices website at www.nhs.uk.

I would like to nominate: _____ Pharmacy, _____ Branch _____

If you wish to request your child's repeat prescriptions online – please complete a **Patient Online Proxy Application**

FAMILY HISTORY – please indicate if either of your child's parents or a sibling has been affected by:

Heart attack / Angina	<input type="checkbox"/> Under 60yrs	<input type="checkbox"/> 60+	DVT or pulmonary embolism	<input type="checkbox"/>
Stroke		<input type="checkbox"/>	Asthma	<input type="checkbox"/>
High cholesterol		<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Cancer		<input type="checkbox"/>	Please indicate which type of cancer and approximate age of affected relative:	

Parent/Guardian Signature: _____ Date: _____

Please print name: _____