Medical Registration Form (Baby)

Please complete all pages in full using block capitals

Your Details:

Name	☐ Master Miss ☐	NHS No if known.	
Address		Date of Birth	
		Home Telephone	
Email		Mobile Telephone	
Gender	☐ Male ☐ Female		
Your Childs Ethnicity	☐ White (UK) ☐ Black Caribbean ☐ Bangladeshi ☐ Arabic ☐ White (Irish) ☐ Black African ☐ Indian ☐ Chinese ☐ White (Other) ☐ Black Other ☐ Pakistani ☐ Other		
Your Child's Religion	☐ C of E ☐ Bhuddist ☐ Sikh ☐ No religion ☐ Catholic ☐ Hindu ☐ Jewish ☐ Other: ☐ Other Christian ☐ Muslim ☐ Jehovah's Witness		
Communication	Does your child have any specific communication difficulties? E.g. Language issues, problems with vision or hearing.		
Does your child need to use?	☐ Walking aid ☐ Hearing aid ☐ Lip reading ☐ Wheelchair ☐ Large print ☐ British sign language (BSL) ☐ Braille ☐ Makaton sign language ☐ Other:		
Is your child currently?	☐ Housebound ☐ Homeless ☐ A Refugee ☐ An Asylum Seeker		

Contacting You

We may need to contact you regarding your child 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 by:	Email	☐ Yes ☐ No
	Text/SMS	☐ Yes ☐ No

Required Information

Name of parent/s	1. Date of birth:
	2. Date of birth:
Name of person with Legal Responsibility	
Names of siblings and dates of birth	

Immunisations

Please provide us with the details of any immunisations that your child has already received. It is important that this information is accurate as this will affect future recalls for immunisations.

Please complete the information below or provide us with a photocopy of your Red Book when you return these forms to the surgery.

Immunisation	Date Given	Given by? (e.g.GP, Consultant?	Country where immunisation was given

Signatures

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

Parent/Guardian Signature			
Name		Date	

Sharing Your Child's Health Record

What is your health record?
Your health record contains all the clinical information about the care you receive. When you need medical assistance it is essential that clinicians can securely access your health record. This allows them to have the necessary information about your medical background to help them identify the best way to help you. This information may include your medical history, medications and allergies.

Why is sharing important?
Health records about you can be held in various places, including your GP practice and any hospital where you have had treatment. Sharing your health record will ensure you receive the best possible care and treatment wherever you are and whenever you need it. Choosing not to share your health record could have an impact on the future care and treatment you receive. Below are some examples of how sharing your health record can benefit you:

- Sharing your contact details   This will ensure you receive any medical appointments without delay
- Sharing your medical history   This will ensure emergency services accurately assess you if needed
- Sharing your medication list   This will ensure that you receive the most appropriate medication
- Sharing your allergies   This will prevent you being given something to which you are allergic
- Sharing your test results   This will prevent further unnecessary tests being required

Is my health record secure?
Yes. There are safeguards in place to make sure only organisations you have authorised to view your records can do so. You can also request information regarding who has accessed your information from both within and outside of your surgery.

Can I decide who I share my health record with?
Yes. You decide who has access to your health record. For your health record to be shared between organisations that provide care to you, your consent must be gained.

Can I change my mind?
Yes. You can change your mind at any time about sharing your health record, please just let us know.

Can someone else consent on my behalf?
If you do not have capacity to consent and have a Lasting Power of Attorney, they may consent on your behalf. If you do not have a Lasting Power of Attorney, then a decision in best interests can be made by those caring for you.

What about parental responsibility?
If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

What is your Summary Care Record?
Your Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This can be viewed by GP practices, Hospitals and the Emergency Services. If you do not want a Summary Care Record, please ask your GP practice for the appropriate opt out form. With your consent, additional information can be added to create an Enhanced Summary Care Record. This could include your care plans which will help ensure that you receive the appropriate care in the future.

For further information, please see: www.nhs.uk/NHSEngland/thenhs/records

Sharing Your Child's Health Record

1. Your Child's Health Record

Do you consent to your GP Practice sharing your child's health record with other organisations who care for them?

☐ Yes   *(recommended option)*
☐ No   *(not recommended, please discuss this with your GP before ticking this option)*

Do you consent to your GP Practice viewing your child's health record from other organisations that care for them?

☐ Yes   *(recommended option)*
☐ No

2. Your Child's Summary Care Record (SCR)

Do you consent to your child having an Enhanced Summary Care Record with Additional Information?

☐ Yes   *(recommended option)*
☐ No

Parent/Guardian Signature	
Name	
Date	