

## Surrey Docks Health Centre New Patient Registration Under 16y

<b>Sex</b>	
<b>Surname / Family name</b>	
<b>Previous Surname</b>	
<b>Forenames</b>	
<b>Calling name</b>	
<b>Date of Birth (day : month : year)</b>	
<b>Title</b>	

<b>Flat Number / House Name</b>	
<b>House Number and or Street Name</b>	
<b>Town</b>	
<b>Post code</b>	

<b>NHS Number</b>	
<b>Home Tel No</b>	
<b>Work Tel No</b>	
<b>Mobile Tel No</b>	
<b>Email address</b>	

<b>Carer's name</b>	
<b>Carer's address</b>	
<b>Carer's telephone contact</b>	
<b>Carer's relationship to patient</b>	

<b>Have you previously been registered with a GP in the UK?</b>	
<b>If you were not born here, when did you first enter the UK?</b>	
<b>Name of your previous GP in the UK (if you have had one)</b>	
<b>Your previous address in the UK (if applicable)</b>	

**Tracing past medical records:**

**This is my first registration with a UK GP: please circle>>>**

<b>Yes</b>	<b>No</b>
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**Name, address & phone of your previous UK GP (if you had one)**

**Please give the name and phone number of the person you would want us to contact in an emergency, and their relationship to the child >>>>>**

**Country of Birth**

**Child and parent or carer's first language**

If you or your child are not confident communicating in English, or have a sensory impairment, please let the receptionist know in advance when making an appointment.

**Ethnic Origin:**

*Please tick one ethnic group which most closely applies to you.*

- White British
- White Irish
- Other white ethnic group
- Black Caribbean and White
- Black African and White
- Other ethnic, Asian/White origin
- Other ethnic, mixed origin
- Indian
- Pakistani
- Bangladeshi
- Other Asian ethnic group
- Black Caribbean
- Black African
- Black, other, non-mixed origin
- Chinese

Other ethnic group, please specify >>>>

**Family + Social History:**

Do you know your family medical history? YES  NO

*Now enter the age at which your relative developed any of these conditions. If you don't know the age, comments such as; 'Childhood' 'Teenage' 'Young Adult' '<60' or '>60' years will help.*

	Father	Mother	Brother	Sister	Mother's mother	Mother's father	Father's mother	Father's father	Other Rels.
Heart Disease									
Stroke									
Diabetes									
High Blood Pressure									
Transient Ischemic Attack									
Other (please specify)									

*Please add any other specific information about your family or a partner if you think it is important for us to know*

**Current Medical Problems:**

	Describe	When Diagnosed
Medical Problems		
Mental Health Problems		

**Allergies:**

*Please include any reactions to medicines you have taken as well as any non medicine allergies e.g. bee stings, or foods.*

**Past Medical Problems:**

	Describe	When Diagnosed
Operations		
Mental Health Problems		
Medical Problems		

**Current Medication:**

*If possible please attach a copy of your previous GP's repeat prescription request form if you have one.*

**Medication on prescription**

Name of Drug	Dose	How Often

**Medication you buy over the counter**

Name of Drug	Dose	How Often

**Immunisations (must be completed in full for all children under six years)**

Age	Vaccinations	Date vaccinated	Where vaccinated
2 months	Diphtheria, tetanus, pertussis: (whooping cough), polio, Hib & pneumococcal		
3 months	Diphtheria, tetanus, pertussis, polio, Hib and Meningitis C		
4 months	Diphtheria, tetanus, pertussis, polio, Hib, Meningitis C & pneumococcal		
12 months	Hib, meningitis C, pneumococcal and 1st MMR		
15 months	MMR booster		
3 years and 4 months	Diphtheria, tetanus, pertussis and polio		

## **Important Information about your health records**

We would like to inform you about the introduction of the **NHS Summary Care Record** and your choices. The NHS Summary Care Record will affect the way in which your health records are managed at this surgery.

The NHS Summary Care Record is being introduced to help deliver better, safer care. Your NHS Summary Care Record is an electronic record of important information about your health. It will be available to healthcare staff providing your NHS care, which means if you have an accident or become ill, the clinicians treating you in accident and emergency, walk-in centres or GP out of hours services will have immediate access to important information about you (once fully rolled out at a later date).

In the first instance, your NHS Summary Care Record will contain any allergy details you may have, current medication and bad reactions to medicines. It will also contain details about your end of life care if this applies to you. At a later date, we plan to add other important medical information such as serious illnesses and test results. The NHS Summary Care Record will be in addition to your existing health records which will continue to be used as they are now.

### **Your choices**

You do not need to do anything if you are happy to have a NHS Summary Care Record as it will be created for you automatically. This is planned to happen over the next 12 to 18 months.

Children under 16 years old on 28<sup>th</sup> April 2010 will have a NHS Summary Care Record created automatically. If, for any reason, you do not wish for a record to be created for any child under your care please let us know

If you do not wish to have a summary care record created for you, we recommend that you read the information on the website below before making a final decision.

Please indicate your preference to us on the page overleaf

### **More information**

- The NHS Care Records Service Information Line on 0845 603 8510 (seven days a week; 7am–10pm) — calls from BT land lines will be charged at local rates.
- Website information: [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk) or
- [http://www.southwarkpct.nhs.uk/patient\\_information/summary\\_care\\_record/](http://www.southwarkpct.nhs.uk/patient_information/summary_care_record/)  
[www.southwarkpct.nhs.uk/patient\\_information](http://www.southwarkpct.nhs.uk/patient_information)

**Please Tick ONE of the boxes below and sign**

I am happy for a Summary Care Record to be created for my child

I have read the information and I do not want to have a Summary Care Record created for my child

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

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

**NEW PATIENT HEALTH DETAILS QUESTIONNAIRE DECLARATION**

*We will use the information given by you today to update your child's electronic record. It is important for us to know whether this health summary is complete. Please either sign and date the form below or make an appointment.*

**The information recorded in this questionnaire is, to the best of my knowledge, a full account of my child's past and current medical history.**

Signed:..... Print Name:..... Date:

*If you are unable to sign above, you must now make an appointment for a new patient medical. We will be unable to register you properly if you do not do this.*