

Child Registration Form

NPCH: Date Time

With.....EMIS No

Please complete in BLOCK CAPITALS and tick as appropriate

***HAVE YOU EVER BEEN REGISTERED WITH THIS PRACTICE PREVIOUSLY?**

YES () NO () *IMPORTANT

Sex: Male () Female ()

Surname:

Forenames: Calling name

Date of Birth:

Current Address:

..... Post Code

NHS Number (in red book):

Next of Kin:

Relationship.....Contact Number

Email.....

Can we communicate with you via text messages and email regarding your child? *

I AGREE to receive communication via text message from the practice (9NdP)

I AGREE to receive communication via e-mail from the practice (9NdS)

Or

I DO NOT AGREE to receive communication via text message from the practice (9NdQ)

I DO NOT AGREE to receive communication via e-mail from the practice (9Ndy)

By consenting to receive text messages and e-mails, you agree to let us know if you change your mobile number or e-mail address.

Please note that you can opt-out of text messaging or e-mail at any time by informing the practice.

Prescriptions and Electronic Prescription Service

If you live more than a mile (as the crow flies) from the Practice your child can be a dispensing patient. We will register you for this service unless you nominate a pharmacy below. Note that if you nominate a pharmacy we can never dispense to you again.

If not dispensing do you have a preference of pharmacy where you would like to collect your prescriptions? Please nominate pharmacy _____

May we send the prescriptions electronically (faster and safer)? Yes: No:

Ethnic origin:

British/Mixed British		Irish	
Other White		White & Black Caribbean	
White & Black African		White & Asian	
Other Mixed		Indian/British Indian	
Pakistan/British Pakistani		Bangladeshi/British Bangladeshi	
Other Asian		Caribbean	
African		Other Black	
Chinese		Other	
Ethnic category not stated			

Please state Your Main Spoken Language:

Prefer not to say (Language not given):

Signature of next of kin:

***GDPR Permissions**

Bourne Galletly Practice would like to contact you by text message and/or e-mail. Text messages and e-mails are an efficient way to communicate with patients. If you agree to receive text message and e-mails from the practice, this will include:

- Appointment booking confirmation (text message)
- Appointment booking reminders the day before your appointment (text message)
- Notification of missed appointments (text message)
- Requests for you to contact the surgery
- Notification when test results are back, and if we need to speak to you
- Reminders to book an appointment (e.g. For a immunisations, annual check-ups, blood tests)
- Invitation to appointments you are eligible for (e.g. NHS health checks, cervical screening)
- Health campaign information
- Surgery information / updates (e.g. Change in opening hours, new service starting etc)
- Information about the status of a referral to hospital or specialist service
- Information about your medication and prescriptions

Information about other services (e.g. contact details)

Information for new patients: about your Summary Care Record

Dear patient,

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice

You have the choice of what information you would like to share and with whom.

Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies for adverse reactions only.
- **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
- **Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) **will** be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.

Summary Care Record patient consent form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP practice:

Yes – I would like a Summary Care Record

Express consent for medication, allergies and adverse reactions only.

or

Express consent for medication, allergies, adverse reactions and additional information.

No – I would not like a Summary Care Record

Express dissent for Summary Care Record (opt out).

Name of patient:

Date of birth: Patient's postcode:

Surgery name: Surgery location (Town):

NHS number (if known):

Signature: Date:

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name:

Please circle one:

Parent	Legal Guardian	Lasting power of attorney for health and welfare
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For more information, please visit <https://www.digital.nhs.uk/summary-care-records/patients>, call NHS Digital on 0300 303 5678 or speak to your GP Practice.

For GP practice use only

To update the patient's consent status, use the SCR consent preference dialogue box and select the relevant option or add the appropriate read code from the options below.

Summary Care Record consent preference	Read 2	CTV3
The patient wants a core Summary Care Record (express consent for medication, allergies and adverse reactions only)	9Ndm.	XaXbY
The patient wants a Summary Care Record with core and additional information (express consent for medication, allergies, adverse reactions and additional information)	9Ndn.	XaXbZ
The patient does not want to have a Summary Care Record (express dissent for Summary Care Record – opt out)	9Ndo.	XaXj6