

Freshwell Health Centre

Registration form for young person aged 0 to 15 years inclusive

Surgery Details: Freshford Practice Freshwell Health Centre Wethersfield Road Braintree Essex CM7 4BQ			
Date form completed:			
Details of child/young person being registered			
Surname:		Forename(s):	
Date of Birth:	Gender:	NHS Number (if known):	
Current Address:		Contact telephone details	
Postcode:		Home:	
		Mobile:	
First language spoken:		Second language spoken:	
Religion:		Place of birth:	
Ethnicity (please tick one box)			
African	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
Bangladeshi / British Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
British/Mixed British	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
Indian / British Indian	<input type="checkbox"/>	Other white background	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Other	<input type="checkbox"/>
Pakistani / British Pakistani	<input type="checkbox"/>	Other mixed background	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	Ethnic category not stated	<input type="checkbox"/>
Name of nursery/school (if applicable):		Has the young person been known by any other name(s): Yes No If yes please give details:	
Name and address of previous GP (if applicable):		Previous home address if moved in from overseas:	
		Date first came to UK:	
Details of young person's main carer			
Surname:		First Name:	
Current address (if different from above):		Contact telephone number (if different from above):	
		Home :	
		Mobile:	
What is the relationship to the young person (eg Mother, Father please specify):		Consent to contact by text message:	
		Yes No	
Does the young person care for a friend or relative?			

All information is stored in line with our GDPR policy, please see our practice privacy policy for patients available in-house or visit <http://www.freshwell.co.uk/info.aspx?p=7>

If the young person does not live with a parents please detail who has parental responsibility and if appropriate any access/custody agreements in place. This information will assist the practice to offer continuity of care:

For all young persons aged under 16 years please indicate who will give consent for immunisations given at the practice, further documentation may be requested:

Next of Kin Name:	Contact Telephone Number:
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Are there any other significant carers involved in the upbringing and wellbeing of the young person (eg step parent, foster carer). If yes please give details:

Are any other services known or involved with the young person or family? (eg CAMHS, Social Services) If yes please give details:

Does the young person disabilities or additional needs the Practice should be aware of in order to ensure best care is given? If yes please detail below

Height and Weight Measurements
Please record this information if you have accurate and up to date values

Height	cm	or	inches
Weight	cm	or	inches

Please detail any significant medical history:

Is the young person currently taking any regular/repeat medication? If yes please detail below:

Does the young person suffer from any allergies? If yes please detail below:

Are there any significant medical family history such as asthma or heart conditions? If yes please detail below:

Are there smokers in the household?	Yes	No	Does the young person consume alcohol?
Is the young person a smoker?	Yes	No	Yes No
Is the young person an e-cigarette user	Yes	No	If yes please state the number of units drunk per week
Smoking cessation is available at the practice			

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Household Composition: Please list all persons (adults and children) who live with this young person					
Surname	Forename	DOB	Occupation / school / nursery	Relationship to young person	Registered at this practice (yes / no)

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).

Please use additional paper and securely attach to this form if required.

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Your emergency care summary

Summary Care Record – your emergency care summary

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

To ensure those caring for you have enough information to treat you safely, the record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, the doctors treating you will have immediate access to important information about your health.

As a patient you have a choice:

- **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.
- **No I do not want a Summary Care Record** – enclosed is an opt out form. **Please complete the form and hand it to a member of the GP practice staff.**

If you need more time to make your choice you should let your GP Practice know.

Additional copies of the opt out form can be collected from the GP practice, printed from the website www.nhscarerecords.nhs.uk or requested from the dedicated NHS Summary Care Record Information Line on **0300 123 3020**.

You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

You can find out more by contacting our Patient Experience team on **01245 459459**, visiting the websites www.midessex.nhs.uk or www.nhscarerecords.nhs.uk or telephone the dedicated NHS Summary Care Record Information Line on **0300 123 3020**.

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