For Office Use only: Does this patient need a New Patient Check? YES NO _____
REGISTERED BY……
ID SEEN – Please state ID type: _____*PST initials*_____
PST's please clearly write
*Forenames-*_____*Surname*_____*Date of birth*

BRIMINGTON SURGERY NEW PATIENT U13 REGISTRATION FORM

Please fill in as much of this questionnaire for your child as you can, to enable us to assess any treatment they may need in the near future. Any other medical history will be transferred from their medical records when we receive them from the previous GP. Anyone in England can register with a GP and receive free medical care from that practice. Please note – some parts may not be relevant to new babies.

DEMOGRAPHICS: **NHS Number**_____ **Date of birth** _____

Title: Mr Miss Mx Other_____

Which of the following best describes your child?
Female (including Trans female) Male (including Trans male) Non-binary

Is your child's gender identity the same as the gender they were given at birth? Yes/No

First Name_____ **Surname**_____

Previous Surname/s_____ **Town & County of birth**_____

Address _____

_____ **Postcode**_____

Home phone _____ **Mobile phone** _____

Email address_____

Can we contact you *(Parent/Guardian):* **via SMS** YES/NO **via email** YES/NO

What is your child's: Ethnic Origin _____ **First language**_____

Please help us trace your previous medical records by providing the following information:

Your previous address in the UK:_____

_____

Name and address of previous GP:_____

_____

If you are from overseas:
Your first UK address where registered with a GP: _____

Date you first came to live in UK:_____

If previous resident of UK, Date of leaving:_____

Patients who are not ordinarily resident in the UK (which broadly means living lawfully here on a properly settled basis for the time being) may have to pay for NHS treatment outside of the GP surgery.

Please ask for the additional declaration form if you are not ordinarily resident in the UK

NHS ORGAN DONOR REGISTER:

If you wish to record your preferences, you can do so directly through the blood and organ donation online registration websites, or by phone:

1. Blood donation: https://www.blood.co.uk
2. Organ donation: https://www.organdonation.nhs.uk
3. Blood or organ donation by phone: 0300 123 23 23

PERSONAL MEDICAL HISTORY:

Height _____ **Weight** _____

Does your child have a history of any of the following?

Asthma	Yes/No	Cancer	Yes/No
Diabetes	Yes /No	Epilepsy	Yes/No
Rheumatology	Yes/No	Mental Health	Yes/No

Any other illnesses you think we might need to know_____

_____

_____

Please list any operations they have had_____

_____

Do they have any allergies_____

_____

MEDICATIONS AND VACCINATIONS:

(please bring your child's red book to the surgery so that we can photocopy the vaccinations page for our records.)

Please list any medicines or tablets you are taking on a regular basis. *Attach a repeat prescription list if possible*

_____

Would you like to nominate a pharmacy to receive electronic prescriptions? Yes/No
If so, Name of pharmacy_____

Last Tetanus_____ **Last Polio**_____

Other immunisations_____

FAMILY HISTORY:

Have the parents, grandparents or siblings of the child being registered had any of the following (only if under 65 years of age at the time of illness)? (If yes, please give brief details):

	YES	NO	
Stroke	☐	☐	_____
Heart attack	☐	☐	_____
High blood pressure	☐	☐	_____

NEXT of KIN *(Please could you enter the parent/guardian's details)*

Name_____ **Relationship to child**_____

Address_____ **Contact Phone Number**_____

Name_____ **Relationship to child**_____

Address_____ **Contact Phone Number**_____

DATA SHARING:

Unless you tell us otherwise, other professional providers of care will be able to view limited parts of your child's records BUT unless you are unable to respond at the time of treatment, consent will ALWAYS be asked. Having this information stored in one place makes it easier for healthcare staff to treat you outside of your GP practice.

Summary Care Record (SCR)

A Summary Care Record is an automatically created real time electronic record which includes medication including adverse reactions and allergies.

Summary Care Record – SCR Additional Information

This is an additional enhancement to the SCR service described above. You will need to explicitly request this. The additional information will include the following:
Significant problems (past and present); Significant procedures (past and present); Anticipatory care information and communication preferences; End of life care information; Immunisations

Sensitive items related to IVF, STDs, terminations, gender re-assignment etc are automatically excluded so if you require these to be included you need to provide specific consent for these to be added

You can change your mind at any time about whether or not you have a Summary Care Record, but you will need to tell us.

I have decided to opt my child in to:

Standard SCR ☐

plus Enhanced SCR ☐

I have decided to opt my child out of SCR ☐

Sharing methods outside of GP service

This is via the Medical Interoperability Gateway (MIG) - a different method of sharing information held on your records and is ONLY shared with appropriate professional services who have undergone security assessments (eg Ambulance and Out of Hours Services, Community Health; Social Care) and are working with you to provide support, so your information is available when it is needed most.
Health and Social Care Professionals will still ask for your consent to view certain information when treating and supporting you, which means that you are always presented with an option to agree or disagree.

The only exception is 'duty of care', which means that confidentiality can be over-ridden, if, for instance, there are safeguarding concerns about someone's welfare or in a medical emergency and consent cannot be obtained. Only authorised health and social care staff involved in your care would be able to access your information, and only specifically to be able to do their job.

Access to SCR and MIG is in a coded format across secure NHS networks and accessed by trained Health Professionals with Chip and Pin smartcard access with relevant access rights embedded in it.

Are you happy for:

Information on our computer systems to be seen by Clinicians treating you in other health care settings who use the same system YES/NO

This practice to view the information recorded about you at other healthcare settings who use the same system YES/NO

ACCESSIBLE INFORMATION STANDARDS :

Does your child have any disabilities_____?

Do they have any communication or information needs? Yes/No

Please let us know what these are so we can do our best to support your child: _____

_____

Thank you for taking the time to fill in this form – please return it with **2 recognised forms of identification** to
Brimington Surgery, Church Street, Brimington, Chesterfield S43 1JG

Name: _____ **Parent / Guardian?**

Signed:_____ **Date**_____

ONLINE ACCESS

We offer proxy *(a person authorised to act on behalf of another or the authority to represent someone else)* access to online appointment booking and prescription ordering for children.

Application does not necessarily mean access will automatically be granted. If approved, we will provide you with a username and password which will allow you to access the online clinical portal (SystmOnline). If for any reason we do not grant you will be contacted to discuss the reasons for this decision.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your account has been accessed by someone that you have not authorised you should change your password immediately. If you can't do this for some reason, we recommend that you contact us so that we can remove online access until you are able to reset your password.

CONSENT TO PROXY ACCESS TO GP ONLINE SERVICES:

Up until a child's 12th birthday, the usual position would be for the parents of the child to control access to their child's online services, this will cease automatically when the child reaches the age of **13**. Any subsequent proxy access will need to authorise by the patient subject to a (Gillick) competency test being completed by a clinician.

We require, two forms of documentation as evidence of identity for each party involved (including the patient - this might be waved when the proxy is clearly the parent/person with Parental Responsibility), one must contain a photograph. Acceptable documents include passports, photo driving licences and bank statements. If none of the above is available household bills may be accepted at the discretion of the Practice Manager.

Section 1 - The patient *(This is the person whose records are being accessed)*

Surname	Date of birth
First name	
Address Postcode	
Email address	
Telephone number	Mobile number

S2= n/a) Section 3

I/we…….. (Names of representatives) wish to have online access to order prescriptions and book appointments

for the person named in Section 1.

I/we understand my/our responsibility for safeguarding sensitive medical information and I/we understand and agree with each of the following statements:

1. I/we agree that I/we will treat the patient information as confidential	☐
2. I/we will be responsible for the security of the information that I/we see or download	☐
3. I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement	☐
4. I/we understand that this access will be automatically revoked when the person named in Section 1 turns 13	☐

Signature/s of representative/s	Date/s

The REPRESENTATIVES

(These are the people seeking proxy access to the patient's online records, appointments or repeat prescription.)

Surname	Surname
First name	First name
Date of birth	Date of birth
Address Postcode	Address *(tick if both same address ☐)* Postcode
Email	Email
Telephone	Telephone
Mobile	Mobile

For practice use only

Identity verified by	Date	Method Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐
Authorised by		Date
Date account created		
Date passphrase sent		
Notes / explanation		