



NEWBATTLE MEDICAL PRACTICE

REGISTRATION SHEET - CHILDREN

Newbattle Medical Practice

New Patient Questionnaire for Children Under 16 Years

Please complete one form for every child that you are registering with the practice and return it to reception. Children are not routinely offered a New Patient Medical consultation however we do still require some basic information.

Some children *will* be offered a consultation, depending on their medical background. Please inform the receptionist if you think that your child would benefit from seeing a doctor or nurse.

Please let the receptionist know if you have any difficulty completing this form.

Date form completed:

Part 1 Personal information

Child's name:	Date of birth:
Address (including postcode):	Home telephone number:
School or nursery attended:	
Previous Address:	Name and address of previous GP:

It is very useful for us to be able to link family records.

Please list below the names and dates of birth of all adults who have parental responsibility for this child. Please indicate if the adult lives at the same address as noted above.

Forename	Surname	Date of birth	Relationship to child	Same address?

Part 2 Medical information

Prescribed medication: please list any medications that your child takes regularly (or attach the repeat prescription list from your previous GP)

Drug name	Strength	Dose instructions	Illness prescribed for
<i>eg loratadine</i>	<i>10mg</i>	<i>1 tab in the morning</i>	<i>hayfever</i>
.....
.....
.....
.....

Allergies (please state drug name and type of reaction eg rash, nausea, severe collapse):

Immunisation dates (please use exact dates or let us copy the page from your parent held record):

Diphtheria					
Tetanus					
Pertussis					
Polio					
Hib					
Pneumococcal					
Meningitis C					
MMR					

Other (eg BCG, hepatitis B, travel vaccines):

Any additional information that you think is relevant:

Office use only:

Date of registration:

Date records assessed and coded (38B.):

Coded (13IF.): yes / no ...and other associated records updated Date.....

Date Family List completed and filed (if necessary):

Date ID field updated for all family members:

Date offered new patient consultation and coded (90h.):

Date completed new patient consultation and coded (90h6.):

Part 3 Ethnicity

Name

Address

.....

.....

Date of Birth

The NHS is committed to helping all ethnic groups. In order to help the NHS pinpoint aid, would you please complete the following question. If you do not wish to divulge your ethnicity, please tick the box at the bottom of the page.

What is your ethnic group?

Choose one section from A to E, and then tick the appropriate box to indicate your ethnic group.

A: White

- Scottish
- Other white British
- Irish
- Any other white background (please specify).....

B: Mixed

- White and black caribbean
- White and black african
- White and asian
- Any other mixed background (please specify).....

C: Asian or asian British

- Indian
- Pakistani
- Bangladeshi
- Any other asian background (please specify).....

D: Black or black British

- Caribbean
- African
- Any other black background (please specify).....

E: Chinese or other ethnic group

- Chinese

- Any other (please specify)

- Do not wish to divulge ethnicity

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE



1. PERSONAL DETAILS

Is this your first registration with a GP Practice in the UK? Yes No Will you be in the area for more than 3 months? Yes No
(If 'No', please complete a temporary resident form)

Male * Female *

Date of birth * Address *

Title *

Surname *

Forenames *

Previous surname * Postcode *

Telephone #

Email address # Mobile #

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system.

The following information can be found on your **current medical card**:

Community Health Index (CHI) number * NHS number *

The following information can be found on your **birth certificate**:

Town of birth * Country of birth *

Registered district of birth
(Scotland only) Mother's maiden name

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP * Name and address of previous GP Practice in UK *

Postcode * Postcode *

If you are from abroad:

Date you first came to live in the UK * If previously resident in the UK, date of leaving *

Your most recent country of residence

If you have served in the British Armed Forces:

Enlistment date *

Service Number

Are you a Reservist? Yes No If yes provide your address before enlisting *

Leaving date *

Postcode *

Is this your first registration with a GP since leaving the armed forces? Yes No

3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to www.organdonationscotland.org

4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "[How the NHS handles your personal health information](#)" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature

Date *

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number

GP name

Practice code

Identification seen – do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert	Student ID card	Driving licence	Passport or HC2 cert	Home Office app reg card	Other / None
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I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature

Date *

7. FOR OFFICIAL USE ONLY

Input by

Checked by

Date

Practice stamp

Newbattle

Medical Practice

Dr Ansell / Dr Bailey / Dr I Morrison / Dr Glencross / Dr R Morrison / Dr Ma / Dr Read

SMS Text message consent form

Newbattle Medical Practice would like to offer you the ability to receive text message reminders for your appointments booked at the surgery. In the near future, we are also planning to send other health information out by SMS such as letting you know that your results are back, or that we need to get in touch with you. We might also occasionally send information about special clinics we are running that you might be interested in.

The SMS service should not be solely relied upon, as the responsibility of attending and cancelling appointments still rest with you, but we hope this will make things easier.

Messages are generated by an NHS secure service; however they are transmitted over a public network to a personal phone. **The practice will never transmit any information that would enable an individual patient to be identified, or specifically which tests they have had.**

Please tick the box below

I **CONSENT** to the practice contacting me by text message for the purpose of health information and appointment reminders. I will ensure that I **keep the Informed of my up to date mobile number at all times, or if the number is No longer in my possession**

Please note that you can **Opt-out** of receiving text messages from Newbattle Medical Practice at anytime by ticking this box.

Patient Name:	
Date of Birth:	
Mobile number:	
Signature:	
Todays date:	

We will NOT send out any texts unless you have explicitly consented

PRACTICE USE ONLY: SMS CONSENT TEMPLATE COMPLETED

FORWARD FOR SCANNING