

## New Born Child Registration

Please complete all sections in **BLOCK CAPITALS**.

(Please be aware that this document is “double-sided”)

<b>1.</b>	<b>Personal Details</b>		
First Name		Sex at birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Middle Name(s)			
Surname		Date of Birth	
Address			Postcode

<b>Parental Responsibility</b> – please provide birth certificate or court order to confirm			
Mother		Father	
Full Name		Full Name	
Date of Birth		Date of Birth	
Address		Address	
Next of Kin?		Next of Kin?	
Telephone No		Telephone No	
Residents at address (above)	Please list all individuals who share your home. Please include relatives, friends and lodgers (including part-time or temporary)		
Full Name	Relationship	DOB	Patient of Practice?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Please continue on a separate sheet of paper if necessary			

Childcare	Will any individual (not named as a joint resident of the address above) be providing childcare to the patient? (Nanny / Au Pair / friends etc) You do not need to provide information about a Nursey, Ofsted registered childminder or school in this section.	
	Yes – list full name(s) <input type="checkbox"/>	
	No <input type="checkbox"/>	

<b>2.</b>	<b>Background Information</b>			
Ethnic Origin	White (British) <input type="checkbox"/>	Chinese <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
	White (Other) <input type="checkbox"/>	Indian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>
	Black (African) <input type="checkbox"/>	Black (Caribbean) <input type="checkbox"/>	Arabic <input type="checkbox"/>	

Religion	C of E <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Sikh <input type="checkbox"/>	Atheist <input type="checkbox"/>
	Catholic <input type="checkbox"/>	Muslim <input type="checkbox"/>	Jewish <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>

Family member in Armed Forces?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>3.</b>	<b>Medical History</b>		
Family History – please record any significant family history of close relatives with medical problems and confirm which relative it refers to (brother, mother etc)			
Asthma <input type="checkbox"/>	Cancer (information below) <input type="checkbox"/>	COPD <input type="checkbox"/>	
Depression <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	
Heart Disease <input type="checkbox"/>	Heart Failure <input type="checkbox"/>	High-Blood Pressure <input type="checkbox"/>	
Kidney Disease <input type="checkbox"/>	Stroke <input type="checkbox"/>	Underactive Thyroid <input type="checkbox"/>	
<b>Use this space to record which relatives any medical problem relates to and to give further information</b>   			

<b>4.</b>	<b>Sharing Consent</b>
<p>The Practice takes its responsibility under the Data Protection Act 2018 very seriously and wants you to make informed decisions about how your details are shared.</p> <p>Please take a few moments to read the guidance “Sharing your Health Record” <b>before</b> continuing to provide consent.</p> <p>After you have read the guidance note and understood the information, you will be asked to provide consent for sharing your information</p>	

I have read and understood the Guidance entitled “Sharing your Health Record” (previous page) <input type="checkbox"/>	
Do you consent to your GP Practice sharing your Health Record with other organisations who care for you?	
Yes (this is the recommended option)	<input type="checkbox"/>
No, <b>never</b> (not recommended, please discuss this with a GP before deciding)	<input type="checkbox"/>
Do you consent to your GP practice viewing your Health Record from other organisations that care for you?	
Yes (this is the recommended option)	<input type="checkbox"/>
No (not recommended, please discuss this with a GP before deciding)	<input type="checkbox"/>

Do you consent to having an Enhanced Summary Care Record (SCR) with additional information?

Yes (this is the recommended option)

☐

No (not recommended, please discuss this with a GP before deciding)

☐

Full Name			
Signature		Date	

## Guidance Note – Sharing your Health Record

The Three Chequers Medical Practice takes its responsibility under the Data Protection Act 2018 (incorporating GDPR) very seriously.

Please read this information very carefully to understand why, how and when the Practice might wish to share your information with selected other organisations and why we ask for your consent to other organisations sharing your health record with us.



### What is your health record?

Your health record contains all of the information about the care you receive. When you need medical assistance, it is essential to that the Clinician(s) involved in your care can securely access your health record, in order to provide treatment that is tailored to you, based on your medical background. This may include your medical history, medication and allergies.

### Why is sharing important?

By sharing your health record, you receive the best possible care and treatment – wherever and whenever you need it. Choosing not to share your health record could have implications on the quality of care and treatment you receive in the future.

Some examples of how you can benefit from the sharing of your record are:

- **Sharing your contact details** ensures you received medical appointments without delay
- **Sharing your medical history** ensures emergency services accurately assess you if needed
- **Sharing your medication** list will ensure that you receive the most appropriate medication
- **Sharing your allergies** prevents you from being given something to which you are allergic
- **Sharing your test results** will prevent you from having to repeat tests more than required

Furthermore, it is important that we can see information that other organisations have added to your health record to ensure that you are receiving the best treatment possible.

### Is my health record secure?

Yes. There are numerous safeguards in place to make sure that only organisation authorised to view your record can do so. You can request information regarding who has accessed your information at any time.

### Can I decide who I share my health record with?

Yes, we will always ask for consent to share your health record unless it is an emergency – if you are unconscious for example.

### Can I change my mind?

Yes – at any time, just let us know.

### Can someone consent on my behalf?

If you do not have capacity to consent, then a Lasting Power of Attorney (LPA) may be able to consent on your behalf. If you do not have an LPA, then a “best interest” decision can be made on your behalf by those caring for you.

### What about Parental Responsibility?

If you have parental responsibility and your child is not able to make an informed decision, then you can make a decision about information sharing on behalf of your child. If your child is deemed “competent” (to make an informed decision) then the decision is theirs.

### What is a Summary Care Record?

A Summary Care Record (SCR) contains basic information about you (contact details, NHS number, medications and allergies etc). GP Practices, Hospitals and emergency services can view this. If you do not want an SCR, then ask the Practice for an “opt-out” form. You can provide consent for an “enhanced” SCR which will include information such as care plans, which will help ensure that you receive the care you require in the future.

Further information can be found at [www.nhs.uk/nhsengland/thenhs/records](http://www.nhs.uk/nhsengland/thenhs/records)

<b>5.</b>	<b>Parent / Guardian's declaration</b> – a person with Parental responsibility must complete this section.	
I have completed this form to the best of my knowledge		<input type="checkbox"/>
<b>First name</b>		
<b>Last name</b>		
<b>Signature</b>		
<b>Date</b>		

### Registration Checklist

Please ensure you have completed and returned the following sections of the New Patient Registration Pack

Section Number & Title	Patient use Tick to confirm completion	Practice use Tick to confirm receipt and preferences
NHS Registration Form (GMS1) – <i>without this we cannot register you</i>		
1. Personal Details		
2. Background Information		
3. Medical History		Medical information coded? <input type="checkbox"/>
4. Sharing Consent		Consent to share (out) <input type="checkbox"/> Consent for organisations to share with us (in) <input type="checkbox"/> Enhanced SCR with additional info? <input type="checkbox"/>
5. Parent / Guardian's declaration		
<b>2 forms of identification provided:</b> (documents of a person with Parental Responsibility are accepted)		
Passport	<input type="checkbox"/>	<input type="checkbox"/>
Driving License (with current address)	<input type="checkbox"/>	<input type="checkbox"/>
Utility Bill (with current address)	<input type="checkbox"/>	<input type="checkbox"/>
Birth Certificate (or court order stating date of birth of child and parental responsibility)	<input type="checkbox"/>	<input type="checkbox"/>