

<b>FOR RHC ADMIN USE ONLY (PLEASE DATE AND INITIAL)</b>		PROCESSED BY:
GIVEN BY:	RECEIVED BY:	<input type="checkbox"/> Online Proxy Access Requested? <input type="checkbox"/> Parent has own online access <b>OR</b> <input type="checkbox"/> Online form given



# New Patient Registration form (Children under 16)

Welcome to Ramsey Health Centre

As it takes time to transfer your medical records to the Practice please complete this registration form as fully as possible. The questions have been designed to help your new GP get to know you and your medical history and to note your preferences. You can amend your preferences at any time by contacting our Practice team.

PERSONAL DETAILS			
Title		Date of Birth	
Surname		Gender	Male / Female
Forename(s)		Previous Name	
Preferred Name		Religion	
Name of School (Where applicable)			

PARENT/CARER DETAILS AND DECLARATION:			
Full Name of Main Carer		Relationship to child	
Contact details of Main Carer	Home Tel. No.	Mobile Tel. No.	Work/Alternate Tel. No.
I confirm that I have Parental Responsibility for this child and/or am legally entitled to make decisions on their behalf.			
Signature		Date:	
Name of any other person with parental responsibility for this child			
Their relationship to child			

ETHNICITY AND LANGUAGE					
<b>White</b>	British	Irish	Other white (please state)		
<b>Asian</b>	Asian British	Bangladeshi	Indian	Pakistani	Other Asian (Please state)
<b>Black</b>	Black British	African	Caribbean		Other Black (Please state)
<b>Mixed</b>	Asian & White	Asian & Black	White African	White Caribbean	Other Mixed (Please state)
<b>Other</b>	Chinese	Japanese	Middle Eastern	Turkish	Other (Please state)
Does the child speak English?		Yes / No	What is their first language?		

SIBLINGS					
Surname	Forename(s)	Date of Birth	Relationship to patient	Living at same address? Y/N	Registered at RHC? Y/N

MEDICAL HISTORY			
Does the child have any long term health conditions? (Please write details below)			
Do you or the child have any particular communication preferences?			
For example, do you or the child have impaired sight and therefore need us to write to you in large print?			
Do you consider the child to have a disability?		No / Yes (please detail below)	
Details of impairment	Physical impairment		Learning disability /
	Sensory impairment		Mental Health condition
	Other ( <i>please state</i> )		

ALLERGIES	
Does the child have any known allergies? (If yes please detail below)	

HOSPITAL CARE		
Are they currently under hospital care?	No / Yes (please detail below)	
Hospital Name	Name of Consultant	Nature of problem

ANYTHING ELSE
Please add any other relevant information you think the Doctor should be aware of

## RAMSEY HEALTH CENTRE DATA SHARING

Communication within the NHS is important to ensure that those who are caring for your child have enough information to treat them safely. Traditionally health professionals exchanged medical information through letters but in the modern age of computers electronic exchange of information has become increasingly common-place.

Ramsey Health Centre takes the responsibility for your child's confidential medical information very seriously. This form offers you the opportunity to express your wishes on the following:

- **Text messaging service registration**
- **Summary Care Record (SCR)**
- **Online services registration**
- **Enhanced Data Sharing Model (EDSM)**

**TEXT MESSAGING SERVICE REGISTRATION**  
 If you provide us with a mobile telephone number we will assume you give consent for us to send appointment reminders and other health specific notices. If this is **not** the case then please sign below. You must update the Surgery of any changes to your mobile number

**Declaration:** I do not want to receive appointment confirmations, reminders and other health specific notices via text message:

Signature		Date	
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**ONLINE SERVICES REGISTRATION (Proxy access for children under 11)**  
 Ramsey Health Centre offers Internet facilities for booking appointments and ordering medication online. *Parents need to have their own online registration at Ramsey Health Centre in order to access this service.* If you do not yet have this then please ask for an adult online form from Reception. Registering for online services will require the Receptionist to see **two forms of identification** (both must be originals) one with your address on (i.e. utility bill) and one with a photograph (i.e. passport, driving licence)  
 You can only apply for proxy access for children aged under 11. If you would like to apply for access please complete and sign the declaration below. Children aged between 11 and 16 can apply themselves should they wish to have access to this service. For more details please enquire at Reception.

Parents full name		Parents date of birth	
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Parents email	
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**Parent declaration:**

- My child is under 11 years old
- I have provided my personal email address above
- I have / I have applied for (*delete where appropriate*) my own online services registration and would like proxy access to my child's record for:
  - Booking appointments     Requesting repeat medications
- I understand that I am responsible for securing these details to prevent unauthorized persons from accessing my child's record online. In the event that my security details have been compromised I will inform the Practice immediately so that access can be blocked and a new password issued. If at any time I wish to permanently cease the Internet access I will inform the practice in writing

Signature		Date	
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## SUMMARY CARE RECORD (SCR)

The NHS in England has introduced the Summary Care Record, which will be used in emergency care. The core SCR record will contain information about any medicines your child is taking, allergies they suffer from and any bad reactions to medicines they have had to ensure those caring for them have enough information to treat them safely.

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

If you wish to **opt out** of the Summary Care record for your child please complete the box below:

<b>SUMMARY CARE RECORD OPT-OUT    *** <u>Only sign if you want to opt out</u> ***</b>			
I <b><u>DO NOT</u></b> want a Summary Care Record for my child			
Signature		Date	

From July 2017, you can choose to have additional information added to your child's Summary Care Record, which will include: their illnesses and health problems, any previous vaccinations, how and where you would prefer them to be treated and who should be contacted for more information about them. This is called an **Enriched** Summary Care Record.

If you would like to have an **Enriched** Summary Record for your child (containing the additional information as above), please sign below:

<b>ENRICHED SUMMARY CARE RECORD</b>			
I would like to have an <b><i>enriched</i></b> Summary Care Record for my child			
Signature		Date	

## ENHANCED DATA SHARING MODEL (EDSM)

### Sharing of your child's Medical Records ***between Health Professionals***

EDSM enables us, with your consent, to share your child's medical records with those in the NHS who are involved in their care (for example District Nurses, Community Services teams). Only NHS staff can access shared information and being an electronic service an audit log is maintained showing when and who has accessed medical records. Your preference will be recorded and you can change this at any time in the future.

<b>ENHANCED DATA SHARING CONSENT</b>			
1. Would you like to share your child's record held here with other services that are/will be providing you care in the future? <i>(Please circle)</i>	Yes / No		
2. Would you like to share your child's data recorded at other services with this GP surgery? <i>(Please circle)</i>	Yes / No		
Signature		Date	