



Welcome to Readesmoor Medical Centre Child Registration (Under 16)

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for examples because you use British Sign Language, please let us know.

You can call us on (01260) 276161

We need to make sure we have all the Important contact and health information about your child to register them. Please complete the following carefully and **PRINT CLEARLY**.

We will need to see a copy of your child's birth certificate.

ABOUT YOUR CHILD

Surname:	Previous Surnames:
Forename:	
Gender:	
Date of Birth:	Place of Birth:
Address:	
Contact number Home:	
Mobile Number and name of contact:	
NHS Number (if known)	
Last UK Address:	
Date of arrival in UK (if applicable):	
If previously resident in the UK, please give date of departure:	
Name and Address of previous GP:	
Name & Address of Current School or Child-minder (If applicable)	

The practice now collects information about our patients ethnicity. This information will help us learn more about the health needs of our local community and allow us to plan services. All the information we receive will be used and treated with strictest confidence.

What is the ethnic background of your child?
What is the main spoken language of your child?
Do you require an interpreter?
Can you read English even if it is not your preferred language?

ABOUT YOUR FAMILY

Name of Parent/Guardian Registering Child:								
Mother's Name:								
Mother at the same address? Mother registered at this practice? If Other (address/practice), please give details								
Father's Name:								
Father at the same address? Father registered at this practice? If Other (address/practice), please give details								
Who is the primary carer? Mum <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> If Other please give details:								
Who has parental responsibility? Mum <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> If Other please give details (Name, Relationship, Address):								
Do you have a family Social Worker? If yes please supply their Name and Contact Details:								
Please list the names of other household members living with in the household: For example siblings, relatives, friends. <table border="1"> <thead> <tr> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Relationship						
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YOUR CHILD'S HEALTH

Please list any illnesses/Medical problems your child has/had?

Please list any regular medications your child has?

Please list any Allergies your child has? (including allergies to medications)

Please tell us about any disabilities your child may have?

YOUR CHILD'S IMMUNISATIONS

If your child is 0-5 years please bring your child's red book to the surgery to we copy the details of their immunisations for our records.

Summary Care Records.

The NHS is changing the way your health information is stored and managed.

The NHS Summary Care record is an electronic record of important information about your Child's health. It will be available to health care staff providing your NHS Care. An information pack has been provided.

NHS England has commissioned a data service from the Health and Social Care Information Centre (HSCIC) on behalf of the entire health and social care system. The programme will extract patient data onto a central system each month. The identifiers to be extracted are:- NHS number, Date of Birth, Gender – which will allow patients data to be linked to their hospital data. No free text will be extracted, only coded information about referrals, NHS prescriptions and other clinical data.

Are you happy to have a Care Data record?	Yes	No	
Are you happy to have a Summary Care Record?	Yes	No	More Time Required to decide:

Parent or Guardian's Signature:

Date:

STAFF USE ONLY:

Birth Cert & ID Verified	Yes/No
Summarise Urgently	Yes/No
Adult Registering Child has parental responsibility?	Yes/No
Need to inform the Safeguarding lead?	Yes/No
Child under 5 – Details passed to the HV team	Yes/No