

CHILD 7 TO 15 YEARS

FIRST NAME(S)

SURNAME DATE OF BIRTH

SEX: MALE FEMALE

ADDRESS

..... POST CODE

NHS NO: TELEPHONE NO:

PREVIOUS ADDRESS:.....
(Last UK address where registered with a G.P)

..... POST CODE:

NAME AND ADDRESS OF PREVIOUS G.P.

.....

..... POST CODE:

PLACE OF BIRTH: (Town/Borough and Country)

DATE CHILD FIRST CAME TO LIVE IN U.K.

IF PREVIOUSLY RESIDENT IN THIS COUNTRY DATE CHILD LEFT :

MOTHER'S NAME

MOTHER LIVING AT THE SAME ADDRESS: YES NO

MOTHER REGISTERED AT THIS SURGERY: YES NO

FATHER'S NAME:

FATHER LIVING AT THE SAME ADDRESS: YES NO

FATHER REGISTERED AT THIS SURGERY: YES NO

IS PRIMARY CARER MOTHER/FATHER/BOTH/OTHER:

IF OTHER PLEASE GIVE DETAILS:

PLEASE COMPLETE THE HOUSEHOLD MEMBERS FORM ON THE LAST PAGE

NAME AND ADDRESS OF SCHOOL CHILD ATTENDS:
(If applicable)

WHAT DO YOU CONSIDER TO BE YOUR NATIONAL IDENTITY?

WHAT IS YOUR COUNTRY OF BIRTH?

WHAT IS YOUR MAIN SPOKEN LANGUAGE?

WHAT LANGUAGE DO YOU PREFER TO READ?

I NEED AN INTERPRETER OR TRANSLATOR. YES NO

I CAN READ ENGLISH YES NO

DO YOU NEED LARGE PRINT? YES NO

DO YOU USE LIP READING? YES NO

DO YOU USE TEXTPHONE/MINICOM? YES NO

DO YOU RELY ON BRITISH SIGN LANGUAGE? YES NO

SOMEONE HELPED ME TO FILL IN THIS FORM, AS I DO NOT READ ANY LANGUAGE. YES NO

WHAT IS YOUR RELIGION? Please write in or tick the box if this question does not apply to you.

RELIGION Religion none

Please tell us your ethnic group. Please choose **one section only** from A to E. In that section tick the most relevant box. If you tick a box marked **other**, please write your ethnic group in the space given.

A. Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Other Asian background *please tick and write in below*

.....

D. Mixed Background

- White & Asian
- White & Black African
- White & Black Caribbean
- Any other Mixed background *please tick and write in below*

.....

B. Black or Black British

- African
- Caribbean
- Any other Black background *please tick and write in below*

.....

E. White

- British
- Irish
- Any other White background *please tick and write in below*

.....

C. Chinese or Other Ethnic Groups

- Chinese
- Any other ethnic group *please tick and write in below*

.....

SIGNATURE OF PARENT/GUARDIAN:..... DATE:.....

Where/how did you hear about us? Friends/family Internet Phone directory

Patient Liaison Services Other (please state)

TO BE COMPLETED BY RECEPTION STAFF ONLY:

Proof seen: Child:-----Parent-----

Copies taken Initials-----

Patient allocated & informed of named accountable GP (9NN60 & 67DJ) Usual GP.....

Childs Name.....

Please list **ALL** other people living in household:

Name	Relationship to child i.e. brother, sister etc.

For Parent/Carer to fill out on behalf of Child

INFORMATION SHARING

SUMMARY CARE RECORD DATA SHARING

Your doctor may have to share information with other health care providers in order to make sure that you receive the relevant treatment when you need it. In order to do this, could you please indicate below that you are happy for other healthcare professionals to have access to your data via the Summary Care Record.

I consent to my data being uploaded to the SCR system (9Ndm)

I do not consent to my data being uploaded to the SCR system (9Ndo)

For further information please visit www.nhscarerecords.nhs.uk

LOCAL CARE RECORD DATA SHARING

To enable information to be shared more quickly and to improve care patients received *locally*, a new process has been put in place in Southwark and Lambeth. This will join-up care records from local hospital organisations (Guys & St. Thomas', King's College Hospital, and South London and Maudsley NHS Foundation Trust) with GP Practice information through existing computer systems. It is called the **Local Care Record**.

It allows practice staff to view certain details in the hospital record and vice versa. Information such as medication and discharge summaries – NOT CONSULTATION NOTES OR FREE TEXT. It is no different to staff sending and receiving paper documentation as they do now, it is just quicker.

Information is only shared when it is needed to make care and treatment safer, easier and faster and is shared only with those people directly involved in the patients care.

If you would like to opt-out for this, please ask at reception for a **Local Care Record Opt-out Form**