Dr R Kapur & Partner Only

Children Registration Form – Under 16

****For children up to 16 years of age****

Thank you for applying to join Dr R Kapur & Partner. We would like to gather some information about your child and ask that you fill in the following questionnaire. You don't have to supply answers to all of the questions but what you do fill in will help us give the best possible care. **Please supply the child's birth certificate or a form of Identification with the completed form, a photographic form of ID (such as passport) and proof of your home address (such as a recent bank statement or document relating to your new home).**

Please complete all areas in **CAPITAL LETTERS** and tick the appropriate boxes.
Fields marked with an asterisk (*) are mandatory.

*Title *Surname	*First names
*Any previous surname(s)	*Date of Birth
*☐Male ☐Female ☐Intermediate ☐Unspecified	*NHS No. ☐☐☐☐☐☐☐☐☐☐
Town and country of birth	*Home address & Postcode *Previous address & Postcode
Home telephone No. Preferred Number ☐Yes ☐ No	
Parent / Carer's No. Preferred Number ☐Yes ☐ No	
Mobile No. Preferred Number ☐Yes ☐	Email address

Parental Responsibility / Delegated Responsibility

Mothers Name: -

Fathers Name: -

Other: -

*Previous GP Details: *School that child is registered with:	*Is the child a looked after child? ☐Yes ☐No A **child** who is being **looked after** by their local authority is known as a **child** in care. They might be living with foster parents, at home with their parents under the supervision of social services or in residential **children's** homes.

If you are from abroad

*Your first UK address where you registered with a GP Postcode	*If previously a resident in the UK, date of leaving *Date you first came to live in the UK if applicable

***I would describe the child's ethnic group as (please tick)**

White	☐	British	☐	Irish		
Black	☐	Caribbean	☐	African		
Asian	☐	Indian	☐	Pakistani	☐	Chinese
Mixed	☐	White + Black Caribbean	☐	White + African	☐	White + Asian
Other	☐	*Please specify*:				

Is the child a dependant of a current serving member of British Armed Forces? ☐ Yes ☐ No

Child's Main Language Spoken? (E.g. English)

Next of kin \ Emergency contact.

Is the contact named below authorised to discuss the child's medical record with us? ☐Yes ☐No

Name of next of kin \ Emergency contact	Relationship to you
Next of kin \ Emergency contact telephone number(s)	Next of kin \ Emergency contact address (if different to above)

Safeguarding

Are you aware of any Safeguarding concerns?
Please give details below:

Data Sharing

Summary Care Record (SCR)
The SCR is an electronic record summary held on the central NHS database. It provides authorised care professionals with faster, secure access to essential information about you when you need care i.e. medications you are currently receiving.
More information can be found by visiting: http://systems.digital.nhs.uk/scr.

Tick this box if wish to <u>opt-out</u> of the SCR ☐

Medical Interoperability Gateway (MIG)
The MIG enables secure sharing of relevant medical information from your GP record with other healthcare professionals who are providing you with direct care, even if they are not using the same electronic records system. At point of care, you will be asked if you consent to the care service seeing essential elements of your record.
More information can be found by visiting: http://www.healthcaregateway.co.uk/products.

Tick this box if you wish to opt-out of the MIG data sharing ☐

Enhanced Data Sharing Module (EDSM)
Dr Kapur and Partner use a clinical computer system called SystmOne to record your medical information. With your consent, you can allow your full GP record to be shared with other healthcare services that are providing care for you and who also use SystmOne. These other services will always ask consent to view your record. **For more information, please visit our website at https://www.drkapurandpartners.co.uk**

Tick this box if you wish to opt-out of the Enhanced Data Sharing Module ☐

*Do you consent to receive the following types of communication (if offered) from Dr R Kapur & Partner Surgery

Email ☐Yes ☐No

Mobile phone text messages ☐Yes ☐No

Answering machine messages ☐Yes ☐No

Carers Information

A carer is a friend or family member who gives their time to support a person in their home, to an extent that the person could not remain at home if this care was not being provided. A carer can receive Carers Allowance, but not a wage and the care they are giving will significantly affect their own life.

Is the child looked after or supported by someone who they couldn't manage without? ☐Yes ☐No
If yes, what is their name and contact number?
Do you consent for the carer to be informed about the child's medical care? ☐Yes ☐No

Does the child look after or support someone who couldn't manage without them? ☐Yes ☐No
If yes, do they look after someone who is a patient of Dr R Kapur & Partner Surgery? ☐Yes ☐No ☐ Don't know
If yes, what is their name?

Are they a: ☐Relative ☐Friend ☐Neighbour

Please detail any contact that the child has with other professionals such as health visitors and social workers.

Medical details

In order to continue to receive repeat medications you'll need to make a new patient health check appointment for the child and bring in their last repeat prescription. (Please note, certain medications will require an appointment with the GP before they can be prescribed) Please allow plenty of time to organise repeats. Please provide us with you repeat medication list found on the right-hand side or a printed prescription.

*Is the child allergic to any medicines? ☐ Yes ☐ No (if yes please specify)

*List other allergies / intolerances (i.e. nuts, gluten, pollen, animal hair or certain foods. Please mark "none" if the child has no other allergies that you know of)

Teaching & Training Practice

Our practice is a teaching and training practice. You may be seen by a Medical Student or a GP Registrar or there maybe students present during your consultations with the clinicians. Please let the reception know when you come in for your appointment if you do not wish to have the presence of students during your consultation.

Please tick if you would like to have a medical student present **Yes** ☐ **No** ☐

Child Immunisation – please complete if not registered before in UK.

AGE DUE	IMMUNISATION	DATE GIVEN	Which Country Given
BCG (At Birth)			
2 Months	DTaP/IPV/Hib + PCV		
	Hep B		
3 Months	DTaP/IPV/Hib + Mec C		
	Hep B		
4 Months	DTaP/IPV/Hib + PCV		
	Hep B		
9 months	MMR		
12 Months	Hib/Mec C + PCV		
12 Months	MMR		
3½ - 5 Years	DTaP/IPV (PSB)		
3½ - 5 Years	MMR		
12-13 Years (Girls Only)	HPV		
13 To 18 Years	Td/IPV (Revaxis) + Men ACWY		
	Other:		

Has the child ever had any of the following conditions?

Epilepsy	☐ Yes	Year	**Mental Illness**	☐ Yes	Year
High Blood Pressure	☐ Yes	Year	**Diabetes**	☐ Yes	Year
Heart Attack / Angina	☐ Yes	Year	**Asthma**	☐ Yes	Year
Stroke / Mini-stroke (TIA)	☐ Yes	Year	**COPD (or Emphysema)**	☐ Yes	Year
Cancer	☐ Yes	Year	**Osteoporosis / Bone fractures**	☐ Yes	Year
Rheumatoid Arthritis	☐ Yes	Year	**Peripheral vascular disease**	☐ Yes	Year

Does the child have any disabilities, illnesses or accessibility needs? I.e. needing to be seen in ground floor consulting rooms or use of a specific communication device such as a hearing aid? If yes, please tell us how we can support their needs.

The Accessible Information Standard (AIS)
Please use this space to tell us about any specific communication needs your child may have. I.e. needing information in large print or deafblind telephone contact. For further information please visit
https://www.england.nhs.uk/ourwork/accessibleinfo/

Please see attached form

Does the child a have family history of any of the following?

High Blood Pressure	☐ Yes	Who	**DVT / Pulmonary Embolism**	☐ Yes	Who
Ischaemic Heart Disease Diagnosed aged >60 yrs	☐ Yes	Who	**Breast Cancer**	☐ Yes	Who
Ischaemic Heart Disease Diagnosed aged <60 yrs	☐ Yes	Who	**Any Cancer** Specify type:	☐ Yes	Who
Raised Cholesterol	☐ Yes	Who	**Thyroid disorder**	☐ Yes	Who
Stroke / CVA	☐ Yes	Who	**Epilepsy**	☐ Yes	Who
Asthma	☐ Yes	Who	**Osteoporosis**	☐ Yes	Who

Please tell us about the child's smoking habits

Does the child smoke? ☐ Yes ☐ No

If Yes, what do you primarily smoke:
Cigarettes / Cigar / Pipe (please circle)

How many does the child smoke a day?
Would you like advice on quitting? ☐ Yes ☐ No

Is the child an ex-smoker ☐ Yes ☐ No
When did they quit?

How many did you used to smoke a day?

Does your child exercise regularly? ☐ Yes ☐ No

If so – What exercise do they take?

How often?

*In accordance with the Data Protection Act, the practice needs consent if you are happy for a 3rd party to collect prescriptions, test results and other medical information on your child's behalf. Please complete this section if you would like to register a 3rd party.

I give consent for _____ to collect prescriptions on my child's behalf (Please note that we are unable to hand out prescriptions to anyone under the age of 15)

I give consent for _____ to obtain test results / medical information / appointment information on my child's behalf (Delete as appropriate). ***You will also need to complete a Patient consent form at the Practice when you hand in your documents.***

IT IS YOUR RESPONSIBILITY TO ADVISE US OF ANY CHANGES TO THESE INSTRUCTIONS:

Signed: _____ Date: _____

Please record any additional information about your child that you think is important for us to know

Electronic Prescription Service (EPS)

EPS enables prescribers - such as GPs and practice nurses - to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.

If you have already nominated a pharmacy, please tell us which pharmacy you have chosen. For further information about this service, please talk to your pharmacist of choice.

As from 2.3.2020 the Dr R Kapur & Partner Surgery now uses prescription tokens . Patients without a nominated pharmacy will be given a "prescription token"; the token will have a longer barcode down the right-hand side of the prescription and a doctor's signature is no longer required. This will be given to the patient (or their representative) or collected as part of a prescription collection service. Patients can take these tokens to any pharmacy in England.

For the 30+ million patients who already have a nominated pharmacy the nomination will remain valid, and nothing will change. Patients with a nominated pharmacy do not need to collect tokens.

NHS Organ Donor registration in England has changed

What has changed?

Organ donation in England has moved to an 'opt out' system. You may also hear it referred to as 'Max and Keira's Law'.
This means that all adults in England will be considered to have agreed to be an organ donor when they die unless they have recorded a decision not to donate or are in one of the excluded groups. Parents and Guardians can register their children and children can register themselves.
Your family will still be approached, and your faith, beliefs and culture will continue to be respected.
You still have a choice whether or not you wish to become a donor. Get the facts about organ donation to help you decide.

Please see the attached information

For more information, please visit the website www.organdonation.nhs.uk or call 0300 303 2094
Minicom 0845 730 0106, Text Chat 07860 034343

For more information, please visit the website *www.uktransplant.org.uk* or call 0300 123 23 23

***Signed**

***Date / / /**

Signed on behalf of patient (*if applicable*)
(e.g. for minors under 16 years old, adults lacking capacity)

Once you are registered…

If there are any problems with your child's registration, we will contact you to clarify any issues, but once your details have been entered into our computerized records…

On-line Services

…It may be possible for the child or parent/carer to access particular patient record services online. Please ask reception if you would like more details.

FOR OFFICE USE ONLY

Birth Certificate Seen. ☐

ADDRESS ID (if applicable) ☐