



CONFIDENTIAL MEDICAL REGISTRATION FORM (CHILDREN UNDER 16)

Please complete all pages in FULL using BLOCK capitals

Surname

First Names (in full)

Previous Surnames

Title: Mr Mrs Miss Ms Male Female

Date of Birth (day/month/year) NHS Number (if known)

Town & country of Birth

Address
Post Code:

Telephone number: Mobile number:

Email address:

Please help us trace your previous medical records by providing the following information:

Your previous address in UK
Post Code:

Name of previous Doctor while at that address

Address of previous Doctor
Post Code:

If you are from abroad:

Your first UK address where Registered with a GP
Post Code:

If previously resident in UK date of leaving Date you first came to UK

Personal Medical History

Type of Birth:
*(eg normal, forceps, Caesarean
 If under 5)*

Birth Weight:
(If under 5)

Feeding:
*(Breast or bottlefed
 If under 5)*

Has your child ever suffered from any important medical illness, operation or admission to hospital? If so please enter details below:

Condition	Year diagnosed	Ongoing
		Yes/No
		Yes/No
		Yes/No

Smoking Status

Over 15's Only

Do you smoke? **Yes/No**

If NO have you ever smoked, when did you stop?.....

If YES how many do you smoke a day?

Family History

Have any close relatives (*father, mother, sister, brother only*) ever suffered from: (please indicate who in the boxes)

Heart attack	Stroke	Diabetes	High blood pressure	Asthma	Glaucoma	Cancer

Immunisations

Please provide details of your child's immunisations with dates if possible (under 5's).

Immunsation	Date	Immunisation	Date
Tetanus		Booster: Tetanus	
Whooping Cough		Booster: Diphtheria	
Polio		Booster: Polio	
HiB		Booster: MMR	
Measles			
MMR			
BCG (TB)			
Meningitis			

List of Current Medication

Name of medication	Dosage

Allergies

Please list any allergies you have to any drugs/medication:

Name of medication	What was the problem or upset?

Ethnicity

- British or mixed British Irish African Caribbean Indian Pakistani
 Bangladeshi Chinese Other (please state):
 Decline to state

Next of Kin

Name: Tel. contact number:
Relationship:

NHS Organ Donor Registration

As of May 2020, Organ donation in England has moved to an 'opt out' system. 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.

You still have a choice whether or not you wish to become a donor.

You can record your organ donation decision on the NHS Organ Donor Register by visiting the website <https://www.organdonation.nhs.uk/register-your-decision/>. Alternatively, you can phone the dedicated helpline on 0300 303 2094

NHS Blood Donor registration:

For information on how to become a blood donor please visit the **NHS Blood Donor website:** www.blood.co.uk . Alternatively, you can phone the dedicated helpline on 0300 123 2323 or email customer.services@nhsbt.nhs.uk

Data Sharing Consent Choices

As a default, we will set your record as available to share both in SystemOne and the Summary Care Record. For further information on data sharing please read the attached information leaflet.

Do you consent to your GP Practice sharing your health record with other local organisations who care for you?

- Yes *(recommended option)*
 No, except in an emergency.
 No, never *(not recommended)*

Do you consent to your GP Practice viewing your health record from other organisations that care for you?

- Yes *(recommended option)*
 No

Your Summary Care Record (SCR)

Do you consent to having an Enhanced Summary Care Record with Additional Information?

- Yes *(recommended option)*
 No, Basic Summary Care Record only
 No, I do not want a Summary Care Record

Dorset Care Record (DCR)

For more detailed information visit the Dorset Care Record (DCR) website. To opt out at any time complete the online form <https://news.dorsetcouncil.gov.uk/dorset-care-record> or by calling 0345 200 0026.

Data sharing for Research (Not for direct care)

If you do not mind your data being used for research purposes, you do not need to do anything else. To opt-out, visit the 'Your NHS Data Matters' website – www.nhs.uk/your-nhs-data-matters - where you can find out more about data sharing and set a national data opt-out.

Signature

Signature

Signed on behalf of patient

Name

Date

Named Accountable GP

All patients at this practice will be allocated a named GP who is responsible for your overall care. Our reception staff will advise you at time of registration, however if you have a preference as to who this is we will make reasonable efforts to accommodate your request.

Accessible Information

We want to make sure you can read and understand the information we send you. If you find it hard to read our letters or if you need someone to support you at appointments, please let us know. We want to know if you need information in braille, large print or easy read.

Signature

I confirm that the information that has been provided is true to the best of my knowledge.

Signed:

Date:

Signature on behalf of patient Signature of patient