

New Patient Registration (for children under 6 years)

Dear Parent/Guardian: We need to collect some information about your child so that we can tailor the healthcare we give them to their needs. Please complete the following:

1. Your child's NHS number:

2. Please indicate which surgery your child is most likely to use:

Cherry Street		Fulford Surgery		Heworth Green	
Lavender Grove		Park View		Priory Medical Centre	
Rawcliffe Surgery		Tang Hall Lane		Victoria Way	

Contacting you about your child

Where possible we like to communicate electronically. This is faster, kinder to the environment, and allows us to direct more resources into delivering clinical care.

3. Your personal mobile number:

4. Your personal email address:

Please tick if you **do not** wish to be contacted via text messaging (SMS)
 Please tick if you **do not** wish to be contacted via e-mail

5. Please tell us where you heard about Priory Medical Group (Friends, Google, NHS Website, Family, Yellow pages etc.) _____

6. Do you/your child have a nominated pharmacy? Yes No

If yes, please provide details of the nominated pharmacy below:

If you/your child don't have a nominated pharmacy would you like Priory Pharmacy to deliver your medications? Yes No

7. Does anybody in the child's household smoke? Yes No

8. Your child's ethnicity is code _____ or you **do not** wish to state their ethnicity
 (The Department of Health require us to ask you about ethnicity. The Receptionist will provide you with a list of ethnicity codes)

9. Your child's first spoken language is _____

10. Has your child previously been registered with the practice? Yes No

NHS Summary Care Record

Your child's NHS electronic Summary Care Record (SCR) contains important information about their health. NHS doctors and nurses treating your child anywhere other than at your doctor's surgery may ask if they can look at this information to help them treat your child quickly and safely, as they won't necessarily know about what has happened to their health in the past. If they do not know about your child's previous care, their SCR can help people caring for your child to:

- Avoid errors, because they can see their medications, allergies or which medicines make your child ill
- Make better and safer decisions on how best to treat your child

You can choose to have other information added to your child's SCR which will enhance the care your child receives from doctors and nurses. This information includes:

- Any illnesses and any health problems your child has had
- Operations, medical procedures and vaccinations your child has had
- How you would like your child to be treated
- What support for your child's care you might need
- Who should be contacted for more information about the care your child needs

If you would like this information added to your child's SCR then please complete the following information.

Signed: _____ Date: _____

Signed for (if Parent/Legal Guardian): _____

Alternatively if wish to opt out of the NHS Summary Care Record on behalf of your child completely, and not share their GP record information with other NHS doctors and nurses, then please tick this box:

Immunisations

Before we can register your child we need **details of your child's immunisations**. When returning this form please bring written confirmation (i.e. **Red book**) for reception staff to photocopy the relevant information. If you have refused to have any immunisations carried out for your child please complete the separate form that can be obtained from the receptionist.

Checked by: _____

Receiving surgery _____

Patient ID type and number _____