

Ashfield Medical Centre

New Patient Registration Under 13's

Please provide us with child's birth certificate or passport as proof of ID – New born babies will require the original copy of birth certificate and 'Red Book'

<p><u>Pre-registration information</u></p> <p>Have you been registered at Ashfield Medical centre in the past?</p> <p style="text-align: center;">Yes / No (delete as appropriate)</p> <p>If you have previously been de-registered under our zero-tolerance scheme you must not register with our practice, without writing to the Practice Manager with your request. The practice has a right to remove your registration at their discretion at any time if you have previously been removed from our list</p>	<p>For Practice Use Only</p> <p>Tick to confirm complete</p> <div style="text-align: center; border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>
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<p>Your child's Details:</p> <p>Title: Forename:.....</p> <p>Surname:..... Previous Name:.....</p> <p>Date of Birth:.....Town of Birth.....:</p> <p>Address:.....</p> <p style="text-align: right;">.....Postcode:.....</p> <p>Previous Address:.....</p> <p style="text-align: right;">.....Postcode:.....</p>	<p>For Practice Use Only</p> <p>Tick to confirm complete</p> <div style="text-align: center; border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>
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<p>Parent or Guardian details</p> <p>Name:</p> <p>Address:</p> <p style="text-align: right;">.....Postcode.....</p> <p>Contact Number (s):</p> <p>Your Relationship.....</p> <p>Mobile telephone number</p>	<div style="text-align: center; border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>
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Ethnicity:

In order that we may take into account a patient's culture, religion and background when providing appropriate individual care, your assistance in completing this section is greatly appreciated as it helps us to improve our policies and practices

For Practice Use Only

Tick to confirm complete

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|-------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| White British | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> | |
| White Other | <input type="checkbox"/> | Other Asian background | <input type="checkbox"/> | |
| White & Black Caribbean | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> | |
| White & Black African | <input type="checkbox"/> | Black African | <input type="checkbox"/> | |
| White & Asian | <input type="checkbox"/> | Other Black background | <input type="checkbox"/> | |
| Other Mixed background | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | |
| Indian | <input type="checkbox"/> | Any Other – please state..... | <input type="checkbox"/> | |

Medication:

If your child is taking regular medication from your previous GP you will need to book an appointment before our G.P's can issue this, please allow yourself plenty of time so you do not run out of medication and bring along any previous prescription requests / medication with you.

Please note we do not accept prescription requests over the phone and prescriptions take 48-72 hours to be processed.

Allergies: Is your child allergic to anything? Medication, substances or food?

If Yes please provide details below:

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Past Medical / History:

Please give details of any medical conditions / severe illness /operations /accidents / disabilities:

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<p>Additional Information</p> <p>Height:</p> <p>Weight:</p>	<p>For Practice Use Only Tick to confirm complete</p> <div style="text-align: center;"><input type="checkbox"/></div>
<p>Carers:</p> <p>Do you look after a relative or friend, young or old, who is unable to care for themselves due to a physical or mental impairment or by age? YES / NO</p> <p>If so, we would like to support you and ask that you please complete the following:</p> <p>Name of the person you are Caring for:</p> <p>Their address:.....</p> <p style="text-align: right;">.....Postcode:.....</p> <p>Their telephone No</p> <p>Your relationship to them:</p> <p>Their condition.....</p> <p>Please ask reception for a carers form so we may refer you to carers mk.</p>	<div style="text-align: center;"><input type="checkbox"/></div>
<p>Assistance During Appointments</p> <p>In order for us to provide you with any assistance you may require during consultations. Please let us know if you would benefit from any of the following:-</p> <p>First language NOT English – require a translator, please specify language <input type="checkbox"/></p> <p>Deafness – require a sign language translator <input type="checkbox"/></p> <p>Disability – require a carer <input type="checkbox"/></p>	<div style="text-align: center;"><input type="checkbox"/></div>
<p>Immunisations</p> <p>If immunisations were given abroad, you must provide the practice with copies of all records that you hold for each child who is registering. If you have a Red Book, please also provide this.</p> <p>If your child is NOT up-to-date with the UK immunisation schedule (this can be checked on the Gov.UK website), please make an appointment with the practice nurse and bring all immunisation records to the appointment.</p>	<div style="text-align: center;"><input type="checkbox"/></div>

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<p>Electronic Prescriptions</p> <p>The practice recommends Electronic Prescriptions to enable you to collect straight from a pharmacy. Please provide details of your preferred pharmacy if you would like to use this service</p> <p>.....</p>	<p>For Practice Use Only</p> <p>Tick to confirm complete</p> <p style="text-align: center;"><input type="checkbox"/></p>
<p>For information about our surgery and the services we offer please visit our website: www.ashfieldmc.co.uk. There is a useful Young Persons Guide on our website.</p>	<p style="text-align: center;"><input type="checkbox"/></p>
<p>SUMMARY CARE RECORD</p> <p>Your records will automatically be coded for an Enhanced Summary Care Record. If you do not want a summary care record, please ask at reception for an OPT out form and tick here <input type="checkbox"/></p> <p>Your Summary Care Record is a short summary of your GP medical records. It tells other health and care staff who care for you about the medicines you take and your allergies. It means they can give you better care if you need health care away from your usual doctor's surgery: for example, in an emergency, when you're on holiday, when your surgery is closed, at out-patient clinics or when you visit a pharmacy.</p>	<p style="text-align: center;"><input type="checkbox"/></p>

All our patients have an accountable GP who will be responsible their overall care. If you are unsure who this is please ask next time you visit the practice.

Have your family received support from Social Care or has your child been or ever been placed under a child protection plan? Yes / No
Please provide brief details:

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Have you had support from children's or adults social services within the last 2 years?
Yes / No
Please provide brief details:

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