**New Patient Registration Form – New Born**

Please complete all pages in full using block capitals

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| **1. Background Details** |

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| **Your Child Details** |
| NHS Number |  | *If you have had a previous GP then you will find this on letters/prescriptions or at* [*www.nhs.uk/find-nhs-number*](https://eur01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.nhs.uk%2Ffind-nhs-number&data=04%7C01%7Csupport%40ardens.org.uk%7Cffabf11787fb41dc43be08d99fa70d67%7C2574bae132844b5a8833850acab88d43%7C1%7C0%7C637716362095841893%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=MF3g4y6zrx4E0Qifat%2FgKNmjXrzmgNeU5ebPuaEcNAo%3D&reserved=0) |
| Child Name |  | Gender |  |
| Address(Inc. postcode) |  | Date of Birth |  |
| Mobile  |  | Home Telephone |  |

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| **Parent or Guardian Details** **\*Please use the space below to include more than 1 parent or guardian if required\***  |
| Name |  | Relationship |  |
| Contact Number  |  |
| Email | I consent to be contacted\* by email at this address:  |

***\* It is your responsibility to keep us updated with any changes to your telephone number, email & address\****

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| **Other Details of Patient**  |
| Country of Birth |  | Surgery Address: |  |
| Ethnicity |   |
| Religion |   |  |  |  |

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| **2. Medical History** |

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| **Family History** |
| Please record any significant family history of close relatives with medical problems and confirm which relative e.g. mother, father, brother, sister, grandparent |
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| **3. Further Details** |

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| **Electronic Prescribing** |
| All prescriptions go electronically to a pharmacy of your choice. Please nominate a pharmacy.  | Name of Pharmacy: |

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| **4. Sharing Your Health Record**  |

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| **Parent or Guardian Signature** |
| Signature | I confirm that the information I have provided is true to the best of my knowledge |
| Name |  |
| Date |  |

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| **Your Health Record** |
| Sharing OutDo you consent to your GP Practice sharing your Child’s health record with other organisations who care for them? [ ]  Yes *(recommended option)* [ ]  NoSharing InDo you consent to your GP Practice viewing your Child’s health record from other organisations that care for them? [ ]  Yes *(recommended option)*

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| **Your Summary Care Record (SCR)** |
| Do you consent to your child having an Enhanced Summary Care Record with Additional Information? [ ]  Yes *(recommended option)* [ ]  No |

 [ ]  No |

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| **Parent or Guardian Signature** |
| Signature |  |
| Name |  |
| Date |  |

**Practice Use Only**

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| Appointment | [ ]  Required | [ ]  Not Required  |  |  |
| ID Seen  | [ ]  Passport | [ ]  Identity card  | [ ]  Other :  |  |
| Checked By  | Sign  |  Date  |  |  |
| Entered on S1 by | Sign  |  Date  |  |  |