Dr H R Furn Davies & Partners – MANN COTTAGE SURGERY
New Patient Registration Form - (Child/Young Person under 18 years)

Please complete in BLOCK CAPITALS and tick relevant boxes.

- Please complete a separate form for each child/young person to be registered.
- Please bring in your child's red book so we can take a copy of their immunisation record.
- When handing in please remember to bring photo ID & proof of address of registering adult.
- We automatically share all children under the age of 16s records with other health professionals. Please inform us if you object to this information sharing.

If your child is under 5 years old a copy of this form will be sent to the Health Visitor

Your Child/Young Person's Personal Details

Title	
Full Name	
Date of Birth	
NHS No (if known)	
Gender	☐ **Female** ☐ **Male** ☐ **Other**
Current Address	
Previous Address	
Home tel. number	
Mobile tel. number	
E-mail address	
First language	
Previous GP name and address of Practice	

Your Ethnic Origin: **(please tick one box)**	**White (UK)**	**White (Irish)**	**White (Other)**
Caribbean	**African**	**Asian**	**Other Mixed Background**
Indian / Brit Indian	**Pakistani / Brit Pakistani**	**Bangladeshi / Brit Bangladeshi**	**Other Asian Background**
Other Black Background	**Chinese**	**Other**	**Ethnic Category**

Your main or 1st language spoken /understood:

REQUIRED INFORMATION

Name of Parent(s)/Carer(s)	Has Legal Responsibility?	Next of kin?
1.	Yes/No	Yes/No
2.	Yes/No	Yes/No
Name of person(s) with legal responsibility if not above:		
Please give copy of Delegation of Consent Form if you are a carer.		
Name of School/Nursery attended:		
Is child/Young Person home educated?	Yes / No	

PLEASE LIST OTHER HOUSEHOLD MEMBERS AT YOUR ADDRESS

Name and relationship to child	Is this person registered with this Practice?
1.	Yes / No
2.	Yes / No
3.	Yes / No
4.	Yes / No
5.	Yes / No
6.	Yes / No

YOUR CHILD'S MEDICAL BACKGROUND

Does your child/young person need help with mobility/ communication?	**Yes / No**
If yes, please give details:	

Please tick if any of the following apply to your child/young person:

☐ **Hearing aid**	☐ **British Sign Language (BSL)**	☐ **Makaton Sign Language**
☐ **Lip reading**	☐ **Large print**	☐ **Braille**
☐ **Interpreter**	☐ **Other**	

Please give information about any serious illnesses, operations, or injuries your child/young person has had in the past. ***If none, please go to next question***

Condition:	**Year Diagnosed:**	**Ongoing: Yes / No**

Please provide details of <u>any</u> medication your child takes :

Name	**Dosage**	**Frequency**

Please give details of any allergies or sensitivities your child may have to medication/food/other:	
Is your child registered with a dentist?	**Yes / No**
To find a dentist visit NHS Choices www.nhs.uk	
Is your child/ young person known to Social Services?	**Yes / No**
Is your child or family currently involved with Children's Services?	**Yes / No**
If yes, name of Social Worker:	
Is your child/young person a Looked After Child in the care of the Local Authority?	**Yes / No**
If yes, in what capacity?	**Permanent / Temporary**
Which Local Authority?	
Would you like an appointment to discuss this with your Doctor?	**Yes / No**
Is your child being looked after by a friend, family member, or neighbour in their home (Private Fostering)?	**Yes / No**
If so, how long have they been there?	
Is your child looking after someone at home? (please let us know if your child is looking after someone who is ill, frail, disabled, has mental health/emotional support needs or substance misuse problems)	**Yes / No**
If so, do you think they would like additional support as a Young Carer?	**Yes / No**
Would you like an appointment with your Doctor to discuss this?	**Yes / No**

We have a Social Prescriber attached to our Surgery who could offer you additional support. If you would like further details of the help available, please speak to one of our Reception Team.

We are a safe space at the surgery. If you feel you, or a member of your family are feeling unsafe in any way, please complete a form within the disabled toilet or alternatively please speak to a team member.

Please keep us up to date with any changes to your circumstances/contact details etc so we can ensure your records are accurate.

August 2022

MANN COTTAGE SURGERY
How we use your information

- We collect and hold data about you for the purpose of providing safe and effective healthcare

- Your information may be shared with our partner organisations to audit services and help provide you with better care

- Information sharing is subject to strict agreements on how it is used

- We will only share your information outside of our partner organisations with your consent*

- If you are happy with how we use your information you do not need to do anything

- If you do not want your information to be used for any purpose beyond providing your care please let us know so we can code your record appropriately

- You can object to sharing information with other health care providers but if this limits your treatment options we will tell you

- Our guiding principle is that we are holding your information in the strictest confidence

- For more information about who are our partner organisations and how your data is used please see the privacy notice on our website or please ask a Receptionist for full details.

*Unless the health & safety of others is at risk, the law requires it or it is required to carry out a statutory function