

JUNCTION MEDICAL PRACTICE

Main: 244 Tufnell Park Road, London, N19 5EW

Branch: 18 Dartmouth Park Hill, London, NW5 1HL

Phone: 02072729105 Email: junction.medicalpractice@nhs.net

SGP Pre-registration form for patients under 18 years old

New Patient Registration

Child's Details

Surname: Forename(s):

Date of Birth (dd/mm/yyyy):

Gender:

Contact Information

Telephone: Mobile:

Email:

Ethnicity

Having information about patients' ethnic groups would be helpful for the NHS so that it can plan and provide culturally appropriate and better services to meet patients' needs.

If you do not wish to provide this information you do not have to do so.

Please indicate your ethnic origin by ticking the below box:

British or mixed British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Other (Please state)	<input type="checkbox"/>
Indian	<input type="checkbox"/>		<input type="checkbox"/>

Country of birth

In which country were you born?.....

Main language

Which is your main language?.....

Do you need interpreter?

Yes

No

If **yes**, what language.....

Parents' Details

Mother's **FULL** Name Date of Birth

Father's **FULL** Name Date of Birth

Which parent has parental responsibility? Mother Father Both

Note: This is always the mother and also the father if parents were married when the child born **and** the father is named on the Birth Certificate **and** the child was born after 1st December 2003 in England and Wales. The father does not lose parental responsibility after a divorce.

Address of Person with Parental Responsibility (**ONLY** if different from the child's address)

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GP practice mother and father registered if not this practice.....

Registering adults' details

What is your relationship to the child? Mother Father Other

If other than complete following information:

Name.....Relationship to the child.....

DoB.....Address.....

Mob tel..... GP practice registered.....

Name and Address of current School or Nursery.....

1. Does the child have a current social worker? Yes No

If so please give their name and borough (eg Haringey)?
.....

2. Were there any previous social workers for this child? Yes No

If so please give their names and boroughs
.....

3. Is the child in a care home or fostered? Yes No

If so please give the name and address of this home or the home in which they are fostered
.....

4. Has the child had any major illnesses or operations, chronic illnesses such as Asthma or any disabilities? Yes No

If so please give details.....
.....

5. Has the child had any admissions or A&E attendances in the last year? Yes No

If so please give the dates and reason.....
.....

6. Is the child currently taking any medication? Yes No

If so please give details
.....

Is the child allergic to any medicines? Yes No

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If so please give details.....

Please bring the Red Book

Do you agree to immunise the child?

Agree

Refuse

Contacting you – GDPR Patient Consent Form

We will use your contact details to send reminders about appointments, reviews and other services which may be of benefit in your medical care. By completing this form you consent to your being contacted by the Practice by the methods shown below. If you wish to withdraw your consent at any point, please contact the Practice in Writing.

Do you consent to the Surgery sending letters to your home address? **Yes** **No**

Do you consent to the Surgery sending text messages to your mobile? **Yes** **No**

Do you consent to the Surgery sending messages to you by email? **Yes** **No**

Do you consent to the Surgery leaving messages on your phone? **Yes** **No**

(We will not leave detailed messages on your phone, but may ask you to contact us or leave a simple message if we do not need to speak to you).

Summary Care Record

Summary Care Record (SCR)

If you decide to have a SCR, it will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had it will also include basic information about your current diagnoses. Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed. Your Summary Care Record will also include your name, address, date of birth and your unique NHS Number to help identify you correctly. If you and your GP decide to include more information it can be added, but only with your express permission.

Summary Care Record Options	Please Tick
YES I would like a Summary Care Record containing details of my medications, allergies and any bad reactions to medications I have had	
YES I would like a Summary Care Record containing details of my medications, allergies and any bad reactions to medications I have had AND any other information that I have agreed with my GP Practice to have included in my Summary Care Records <i>Please indicate what information you would like adding if you know</i>	

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For more information: Phone 0300 123 3020 or visit www.nhscarerecords.nhs.uk

I do not wish to have a Summary care Record
(N.B. this will mean NHS Healthcare staff caring for you may not be aware of your current medications, any allergies or reactions to previous medication.)

I wish to opt out of SCR

Electronic Prescribing Service (EPS)

The EPS allows prescribers – such as GPs and practice nurses to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. The NHS aim that by 2020 they will hopefully be paper free or a paper-lite service. To help achieve this The As a practice, we would encourage all patients to opt for electronic prescribing.

I DO give consent for my prescriptions to be sent electronically to the pharmacy

I DO NOT give consent for my prescriptions to be sent electronically to the pharmacy

Nominated pharmacy.....

Address.....

Postcode.....

Signature.....

Date.....