LYME BAY MEDICAL PRACTICE

**CONFIDENTIAL MEDICAL REGISTRATION FORM (CHILDREN UNDER 16)**

**Please complete all pages in FULL using BLOCK capitals**

Surname

First Names (in full)

Previous Surnames

**Title**: 🞏 Mr 🞏 Mrs 🞏 Miss 🞏 Ms 🞏 Male 🞏 Female

Date of Birth (day/month/year) \_\_\_/\_\_\_\_/\_\_\_\_ NHS Number \_\_\_ \_\_\_ \_\_\_\_\_

Town & country of Birth

 Post Code:

Address

Telephone number: Mobile number:

Email address:

**Please help us trace your previous medical records by providing the following information:**

Your previous address in UK

 Post Code:

Name of previous Doctor

while at that address

 Post Code:

Address of previous Doctor

**If you are from abroad:**

Your first UK address where

 Post Code:

Registered with a GP

If previously resident in UK Date you first

date of leaving came to UK

**Patient Declaration for all patients who are not ordinarily resident in the UK**

Please see appendix 1 for patient declaration (last page of form)

**List of current medication ……**

|  |  |
| --- | --- |
| **Name of medication**  | **Dosage** |
|  |  |
|  |  |
|  |  |

**Allergies ……**

Please list any allergies you have to any drugs/medication:

|  |  |
| --- | --- |
| **Name of medication** | **What was the problem or upset?** |
|  |  |
|  |  |

**Ethnicity ……**

**vej**

🞏 British or mixed British 🞏 Irish 🞏 African 🞏 Caribbean 🞏 Indian 🞏 Pakistani

🞏 Bangladeshi 🞏 Chinese 🞏 Other (please state):

🞏 Decline to state

**Next of kin ……**

**vej**

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Tel. contact number |
|  |  |  |
|  |  |  |

**Data sharing consent choices ……**

**vej**

**SUMMARY CARE RECORD (SCR)**: your basic details are uploaded to the national NHS database and can be viewed by other health professionals in an emergency (see leaflet).

**ENHANCED SHARE:** your full medical record can be viewed electronically by some healthcare professional treating you elsewhere but using the same clinical system, such as Dorset Minor Injuries Units and district nurses.

**Summary care Record**  I would like **(please tick one):**

A Summary Care Record containing details of my **Medications,**

**Allergies, any Bad Reactions to Medication**  ☐

AND any

Additional Information (Enhanced share) useful for my care. ☐

I do not want to have a Summary Care Record (opt out). ☐

**SystmOne Sharing –**

I do not agree to the sharing of my information for the purposes of my care ☐

Do you have any special communication needs? 🞏 Yes 🞏 No

If yes: 🞏 Sign Language 🞏 Large Print 🞏 Other

…………………………………………………………….

**Communications:** if it is ok for us to leave messages on your home answerphone please tick:[ ]

What is your preferred contact method: 🗆 text 🗆 email 🗆 letter 🗆 phone call

If you need interpretation, what is your first language?

***Allocated GP***

*All our patients are free to see any GP of their choice, but each patient has a named accountable GP; Dr Forbes Watson on their clinical record, if you are unsure who this is then please ask at reception. This GP has overall responsibility for your care, but you can request an appointment with any doctor that is available.*

**Signature ……**

I confirm that the information that has been provided is true to the best of my knowledge.

Signed: Date:

Signature on behalf of patient 🞏 Signature of patient 🞏

**Appendix 1**

**PATIENT DECLARATION for all patients who are not ordinarily resident in the UK**

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**Scan and send this page of form to:** NHSDigital-EHIC@nhs.net