

Weedon Surgery: 57 New Croft, Weedon, Northampton NN7 4RX

Tel: 01327 340212

Greens Norton Medical Centre: Towcester Road, Greens Norton, Towcester, NN12 8BL

Tel: 01327 358287

Website: www.gnwmp.co.uk

**NEW PATIENT REGISTRATION FORM (UNDER 16 YEARS OLD)**

Please tick the appropriate tick boxes.

PERSONAL DETAILS	
Full Name:	
Date of Birth:	
NHS Number:	
Patient's Mobile Number (if applicable):	Please tick this box if you <b>DO NOT</b> want to receive SMS correspondence from the practice <input type="checkbox"/>

PARENTAL RESPONSIBILITY			
Please provide the name of parent(s) or carer(s) who have parental responsibility for the patient:			
Full Name of Parent/Carer 1:			
Relationship to Patient:		Contact Number:	
Full Name of Parent/Carer 2:			
Relationship to Patient:		Contact Number:	

CARER	
Is your child a carer for a relative?	Yes <input type="checkbox"/> No <input type="checkbox"/>

MEDICATION	
<b>Is your child currently on any repeat medications?</b> If yes, please contact reception to make an appointment to speak to a GP.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Does your child live more than one mile from a pharmacy?</b> If yes, their medication can be collected from the dispensary at the practice. If no, their medication will need to be collected from a local pharmacy. Please nominate a pharmacy for their prescriptions to be sent to:	Yes <input type="checkbox"/> No <input type="checkbox"/> .....

**Full Name:**  
**Date of Birth:**

**MEDICAL HISTORY**

**Does your child have any allergies?**

Yes  No

If yes, please provide details:

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**SOCIAL WORKER**

**Has your child ever had, or currently have, a Social Worker involved in their family?**

Yes  No

If yes, please provide brief details:

.....  
.....

**ETHNIC GROUP**

Please indicate your child's ethnic group:  
This is designed to help with your child's healthcare, as some health problems are more common in specific communities.

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**SUMMARY CARE RECORD**

A Summary Care Record (SCR) is an electronic patient record. Your SCR contains name, address, date of birth, NHS number, information about medicines, any bad reaction to medicines and allergies. Allowing access to this information improves decision making in all settings where you receive healthcare. You can choose to have a SCR or choose to opt out.

**Does your child have an existing Summary Care Record?**

Yes  No

**Do you wish to Opt-Out?**

If yes, please complete the Opt-Out Form.

Yes  No

**Does your child have any information or communication support needs relating to a disability, impairment, or sensory loss?**

If yes, how can we best meet those needs?

Yes  No

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**Do we have your consent to include those support needs in your child's Summary Care Record?**

Yes  No

**SIGNATURE OF PARENT/CARER:**

**DATE:**

**FOR STAFF USE ONLY:**

- New Patient Health Check appointment made
- Repeat Medication appointment made
- Summary Care Record consent updated
- Allergies added
- Notes Requested Yes  No
- GMS1 initialed

Completed by: ..... Date: .....