FOR OFFICE USE ONLY:
Date registration received: ……
Checked by: ……..

Barcellos Family Practice

Signed? ☐
On repeat meds? ☐

Barcellos Family Practice: New Child Registration form

Welcome to the Barcellos Family Practice. To accurately register your child at the surgery please fully complete this questionnaire in full. Please note your child's registration cannot be accepted until the forms are completed in full. Thank You.

Personal Details:

Title		**Surname**	
Forename		**Middle Name(s)**	
Previous Surnames (if applicable)		**NHS Number**	
Date of Birth			
Gender	Female ☐ Unable to answer ☐	Male ☐ Prefer not to say ☐	Non-Binary ☐
House/Flat Number			
Street			
Town			
County			
Postcode			
Key Safe Number?			
First line of previous address (incl Postcode)			
Parent/Guardian name			
Relationship to patient			
Next of Kin Telephone Number			

We need to have your consent to begin communicating with you by text or email.
Please confirm your consent by ticking to accept the options below:

☐ *I consent to the practice contacting me by text message or email for the purposes of health promotion, practice news and for appointment reminders.*

☐ *I acknowledge that appointment reminders by text are an additional service and that they may not be sent on all occasions but that the responsibility for attending appointments or cancelling them still rests with me.*

☐ *Text messages are generated using a secure facility, but I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure.*

☐ *I understand I can cancel the text message facility at any time.*

Name and address of previous GP			
Country of Birth		**Date entered the UK (if not UK born)**	
School	Nursery/Preschool ☐ Boarding School ☐	Primary school ☐ Home schooled ☐	Secondary school ☐
Ethnicity	British or mixed British ☐ African ☐ Indian ☐ Bangladeshi ☐ Other (please state) ☐		Irish ☐ Caribbean ☐ Pakistani ☐ Chinese ☐
Religion	C of E ☐ Buddhist ☐ Sikh ☐ No religion ☐	Catholic ☐ Hindu ☐ Jewish ☐ Other: ☐	Other Christian ☐ Muslim ☐ Jehovah's Witness ☐
Has a member of the patient's family served in the armed forces?	Yes ☐ No ☐		

Communications:

Main spoken language	
Interpreter or special communication needs?	Yes ☐ No ☐ If yes, please specify detail:
Does the patient have a designated carer? (If so, please provide details below):	
Name of Carer:	
Contact:	

Medical History: Please list all current or past illnesses/operations including dates, where possible:

Heart Disease/Angina		**Diabetes**	
Epilepsy		**High Blood Pressure**	
Stroke/TIA		**COPD**	
Asthma		**Cancer**	
Dementia		**Hyperthyroidism**	
Other:			

Family History: Please list all significant medical conditions that your close family members have and please state their relation to you:

Heart Disease/Angina		**Diabetes**	
Epilepsy		**High Blood Pressure**	
Stroke/TIA		**COPD**	
Asthma		**Cancer**	
Dementia		**Hyperthyroidism**	
Other:			

Do you have any known allergies? (E.g. antibiotics, food, bee sting, latex)

Yes: ☐	No: ☐	If yes, please state:

Repeat Medications (If applicable):

Drug name:	***Dose:***

Consent & Data Sharing:

If any of the details on this form change in the future, please inform us. In accordance with the Data Protection Act, the Practice needs consent from any patient for us to leave a message, send a text or information regarding their medical treatment. By providing the information on this form you are consenting to be contacted about your medical needs. The Barcellos Family Practice uses SystmOne clinical software. This enables us to share your record with any other NHS organisations who are involved in your healthcare.

Data Sharing Consent Choices (Summary Care Record & Dorset Shared Record)

To maintain continuity of clinical care, we upload **certain** medical information so that it is available to other healthcare organisations (e.g. Emergency Departments). Please read the accompanying leaflet which details which part of your record is extracted and how it is used to help other NHS organisations.

If you wish to **OPT OUT, please tick:** ☐

Signed (Parent Guardian): _____ Date: _____