

# FORESTSIDE MEDICAL PRACTICE

**Please bring the child's Red Book with you so we can take a copy of their immunisation record.**

## CONFIDENTIAL MEDICAL REGISTRATION FORM (Children Under 16)

### Child's Personal Details:

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

Child's Surname:

Child's First Names (in full):

Previous Surnames:

**Title:**    Master    Miss    Ms

**Gender:**    Male    Female

Date of Birth:

NHS Number: (if known)

Town & Country of Birth:

**Address:**  
  
  
  
Post Code:

Telephone Number:    Mobile Number<sup>2</sup>:

Do you wish to receive text messages relating to your child's medical care?   Yes    No

Email Address<sup>2</sup>:

<sup>2</sup> Please specify whose above mobile number and email address this is, e.g. parent, guardian etc.

Name of Parent(s) / Carers	Has Legal / Parental Responsibility?	Next of Kin?
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not the above, name of person with legal responsibility:		
Contact details of person with legal responsibility		

**Does the child have any special communication / mobility needs?**    Yes    No

**If yes:**

Wheelchair    Walking Aid    Hearing Aid    Large Print  
 Lip Reading    Braille    British Sign Language  
 Makaton Sign Language    Other: .....

**Is the child currently:**    A Refugee    An Asylum Seeker

**Is the child a child in care?**    Yes    No

**Is the child a "Looked After Child"?**    Yes    No

**If yes to either of the above questions, in what capacity?**    Temporary    Permanent

**Is the child home educated?**    Yes    No

Name of Social Worker: .....

Social Worker's Phone No: .....

Name of child's nursery/school .....

**Has the child or family either currently or in the past been known to Children's Services?**

Yes  No

Name of Social Worker: .....

Social Worker's Phone No: .....

**Required Information:**

Is your child looking after someone at home?  Yes  No

If so, who<sup>3</sup>?

<sup>3</sup> Please tell us if the child is looking after someone who is ill, frail, disabled, has mental health/emotional support needs or substance misuse problems

What is the adult's relationship to the child?

Do you think the child would like additional support as a young carer?  Yes  No

Is the child known to services such as Young Carers?  Yes  No

Is the child being privately fostered (*see definition below*)?  Yes  No

If **yes**, please provide carer's name:

Carer's relationship to child:

Contact details of carer:

Are Children's services aware?  Yes  No

Private fostering is an arrangement whereby a child under the age of 16 (or 18 if the child has a disability) ([S.66 Children Act 1989](#)) is placed for 28 days or more in the care of someone who is not the child's parent(s) or a 'connected person'. Private foster carers can be from the extended family, e.g. a cousin or a great aunt, **but cannot be a relative** as defined under the [Children Act 1989, section 105](#): 'A relative under the Children Act 1989 is defined as a 'grandparent, brother, sister, uncle or aunt (whether full blood or half blood or by marriage or civil partnership) or step-parent'.

**Please help us trace the child's previous medical records by providing the following information:**

Your previous address in the UK:

Post Code:

Name of previous Doctor while at that address:

Surgery Name and Address of previous Doctor:

Post Code:

**If you are from abroad:**

Your first UK address where Registered with a GP:

Post Code:

If previously resident in UK date of leaving:

Date you first came to the UK:

**If registering a child under 5:**

I wish the child above to be registered with Forestside Medical Practice for Child Health Surveillance

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

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

**Child's Personal Medical History:**

If under 5 years old, type of Birth:  
(eg normal, forceps, caesarean)

Has your child ever suffered from any important medical illness, operation or admission to hospital? If so please enter details below (if extra space is required please use box at end of form):

Condition	Year Diagnosed	Ongoing
		Yes/No
		Yes/No
		Yes/No

**Family Medical History:**

Have any close relatives (*father, mother, sister, brother only*) ever suffered from: (please indicate who in the boxes)

	Heart Disease	Stroke	Diabetes	High Blood Pressure	Asthma	Glaucoma	Cancer	Mental Health Problems	Renal/Kidney	Learning Difficulties
<b>At the time of diagnosis they were:</b>										
Over 60 yrs old										
Under 60 yrs old										

**Child's Immunisations:**

Please provide details of your child's immunisations with dates if possible (under 5's). If possible please give your Red Book to Reception to photocopy:

Immunisation	Date	Immunisation	Date
Tetanus		Booster: Tetanus	
Whooping Cough		Booster: Diphtheria	
Polio		Booster: Polio	
HiB		Booster: MMR	
Measles			
MMR			
BCG (TB)			
Meningitis			

**Child's List of Current Medication:**

Name of Medication	Dosage

**Electronic Prescription Service – Please state the Pharmacy you would like your Child's prescriptions sent to:**

- Boots – Holbury                       Boots – Hythe                       Day Lewis – Hythe  
 Day Lewis – Marchwood               Jays – Dibden Purlieu               Wellbeing – Blackfield  
 Other, please specify:

**Child's Allergies:**

Please list any allergies the child has to any drugs/medications or if known egg allergy or peanut allergy:

Name of Medication	What was the problem or upset?

**Child's Ethnicity:**

- British or mixed British   
  Irish   
  African   
  Caribbean   
  Indian   
  Pakistani  
 Bangladeshi   
  Chinese   
  Other (please state):
- Decline to state

**Child's Religion:**

Please state religion of child:

Please advise if you feel your child's religion will affect any treatment received:   
 Yes   
 No

**Child's Language:**

Please state child's main spoken language:

Does the child need an interpreter?   
 Yes   
 No

**Data Sharing Consent Choices:**

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

If you wish to **OPT OUT** please complete the form found with this leaflet.

**Signatures:**

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   

Name of Person

Relationship to Child:

**Box for extra details:**

**PATIENT DECLARATION for all patients who are not ordinarily resident in the UK****Patient's Details**Please complete in **BLOCK CAPITALS** and tick ✓ as appropriate Mr  Mrs  Miss  Ms

Surname:

Date of Birth

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First Names:

NHS No.

--	--	--	--	--	--	--	--	--	--

Previous Surname/s:

 Male  Female

Town and Country of Birth:

Home Address:

Postcode:

Telephone No:

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

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

- a)  I understand that I may need to pay for NHS treatment outside of the GP practice
- b)  I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
- c)  I do not know my chargeable status



I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

<b>Signed:</b>		<b>Date:</b>	DD MM YY
<b>Print name:</b>		<b>Relationship to patient:</b>	
<b>On behalf of:</b>			

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

**NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS**

Do you have a non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</p>	Country Code: 	
	3: Name	
	4: Given Names	
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	DD MM YYYY
	PRC validity period (a) From:	DD MM YYYY

Please tick  if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.