

**PATIENT REGISTRATION FORM (CHILD 0-16 YEARS OLD)**

**WELCOME TO PRIMROSE HILL SURGERY**  
**(REGISTRATION TIMES – TUES, WED, FRI 15:00 TO 17:00)**

To ensure that we have your correct medical and personal details, please complete this form in its entirety in CAPITAL LETTERS or Clear Handwriting. It might delay the completion of your registration, if the sections marked with \* are not completed correctly when you hand this form back to our receptionists. Please ask for assistance if needed.

**THE INFORMATION YOU GIVE IS CONFIDENTIAL AND IS SUBJECT TO THE DATA PROTECTION ACT**

<b>All Marked with *</b>	<b>REGISTRATION DETAILS</b>	
*TITLE	Miss / Master / Ms / Mrs / Mr / Other <i>(Please specify)</i>	
*SURNAME		
*PREVIOUS SURNAME		
*FIRST NAME/S		
*GENDER	Female / Male /Other <i>(Please specify)</i>	
*DATE OF BIRTH		
*PLACE OF BIRTH	Town:	Borough: <i>(If born in London)</i>
*COUNTRY OF BIRTH		County: <i>(If born in N Ireland)</i>
*DATE OF ENTRY TO UK	<i>dd /mm / yyyy</i>	<i>(If born outside United Kingdom)</i>
*HOME ADDRESS IN UK <i>(Within our Area)</i>		
*POST CODE		
*CONTACT DETAILS	Mobile No: E-mail:	Home No:
* COMMUNICATION CONSENT DECLARATION	<input type="checkbox"/> <b>YES, I CONSENT</b> to the practice contacting me by text message and/or e-mail for the purposes of health promotion, practice news and for appointment reminders <input type="checkbox"/> <b>NO, I DO NOT CONSENT</b> to the practice contacting me by text message and/or e-mail for the purposes of health promotion, practice news and for appointment reminders	
*NHS NO		
*PREVIOUS HOME ADDRESS		
*PREVIOUS GP DETAILS	Name:	Address:

<p>*<u>Details of parent/s / guardian/s</u> <i>(Names, address and telephone number if different from above)</i></p> <p>*<u>Details of carer during the day</u> <i>(Names, address and telephone number of nanny / child minder)</i></p>	<p>*<u>Details of current school</u> <i>(Name, address, and telephone no.)</i></p>
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\* **Personal Medical History** (Please list any illnesses, operations, any serious medical problems and the year of onset)

\* **Medication** (all current tablets – when started, dose of medication and how often taken per day)

\* **Allergies** (Have you/your child had a reaction to a medication/food/other? Please name the medication/food/other and the reaction to it)

**Family History** (close blood relations – relationship, age of onset and details e.g. type of cancer)

Heart disease	YES / No	High blood pressure	YES / No	Diabetes	YES / No
Stroke	YES / No	Asthma	YES / No	Cancer	YES / No
Other (Please specify)					

**\*IMMUNISATIONS**

**Either** ask reception to photocopy your red book or immunisation record  
**Or** fill in the table below

**1a.** (Schedule for UK children born before August 2006)

Vaccine	Date and place (GP, community clinic, private)
1 <sup>st</sup> DT, Pert, Polio & HIB	
2 <sup>nd</sup> DT, Pert, Polio & HIB	
3 <sup>rd</sup> DT, Pert, Polio & HIB	
Meningitis C	
MMR (usually given at 13 months)	
Pre School Booster (DT, Pert, Polio age 3 -5.5 yrs)	
MMR Booster (usually given age 3-5 yrs)	
DT, Polio Booster (age 12-18 yrs)	
BCG (not routine)	

**Or 1b.** (Schedule for UK children born after August 2006)

Vaccine	Age	Date and place (GP, community clinic, private)
DTaP/IPV Hib + pneumococcal	2 months	
DTaP/IPV Hib + Men C	3 months	
DTaP/IPV Hib + pneumococcal + Men C	4 months	
Hib/Men C	12 months	
MMR + pneumococcal	13 months	
Booster DTaP/IPV	3½ years	
Booster MMR	3½ years	
BCG	Not routine	
Booster Td/IPV	15-18 yrs	

\***Other immunisation details** (e.g. if given outside UK)

**Patient Profile** (Please indicate which box seems most suitable to you)

<b>Ethnicity</b>	<b>Please tick</b>	<b>CODE</b>	<b>Language/s spoken</b>
British or mixed British		9i0	
Irish		9i1	
Other white background		9i2	
White and black Caribbean		9i3	
White and black African		9i4	
White and Asian		9i5	
Other mixed		9i6	
Indian / British Indian		9i7	
Pakistani / British Pakistani		9i8	
Bangladeshi / British Bangladeshi		9i9	
Other Asian		9iA	
Caribbean		9iB	
African		9iC	
Other black		9iD	
Chinese		9ie	
Other		9iF	
Not stated		9iG	

**NOTE:** If English is not your first language, do you require an interpreter?

**Yes / No**

**NAME PRINTED IN CAPITAL LETTERS**

**SIGNATURE OF PATIENT/ON BEHALF OF PATIENT**

**DATE**

\_\_\_\_\_

**FOR ADMINISTRATION USE ONLY**

**EU / UK Passport Holder / Birth Certificate**

**ELR/ILR (Exceptional / Indefinite leave to remain)**

**Working/Family visa (Length of visa \_\_\_\_\_)**

**Student Visa (Length of visa \_\_\_\_\_)**

**EMIS No:**

**Date:**

## PATIENT REGISTRATION PROTOCOL

Our Practice welcomes new patients to register at our practice on a daily basis. During the Practice's opening hours you can collect individual adult and/or child registration forms. Together with the completed registration form, you should present **two forms of identification** which proves residency and authenticates your identity. Overseas visitors may be asked for additional information to prove NHS entitlement.

If you have been registered with the NHS before joining our practice, you will also need to provide us with:

- ✓ **Your NHS number**
- ✓ **The full name and address of your previous GP Surgery**
- ✓ **Your previous address**

If you have never been registered with the NHS before, you will need to provide us with

- ✓ **The exact date, month and year of your entry to the UK**

All these should be returned and handed to one of the reception team members to check **from 14:00**. Any incorrect information may result in the rejection of your registration from Patient Data Department. Please note you cannot book an appointment until your registration details are on our system, this is normally done within 48 hours.

### ✓ **PROOF OF ENTITLEMENT TO NHS (NATIONAL HEALTH SERVICE) TREATMENT**




In order to establish patient's entitlement to NHS, it is necessary to either check nationality through **ORIGINAL PASSPORT, BIRTH CERTIFICATE, OR FULL DRIVING LICENCE (LEARNERS DRIVING LICENCE WILL NOT BE ACCEPTED)**

### ✓ **PROOF OF RESIDENCE**

You must provide **ONE ORIGINAL** of the proof documents listed below:

1. Electoral Registration
2. Current Council Tax
3. A recent utility bill: electricity, gas, water (last quarter)
4. Formal tenancy agreement or a housing association rent document
5. A recent telephone bill
6. A purchase or ownership document or a letter on original headed paper from your solicitor confirming that you are the legal owner and occupier of the property
7. A recent Employer Pay Slips or Personal Bank Statement. (Company account statements will not be accepted)
8. Affidavit - A Statutory Declaration declared before a commissioner for oaths or practicing solicitor
9. Vehicle registration document (V5C) in your name and showing your address

# Recording Consent of New Patients for National and Local Data Sharing Initiatives

<p><b>Camden Integrated Digital Record</b> Local Initiative</p> 	<p>Camden Integrated Digital Record (CIDR), enables your Camden care providers, when they are treating you, to view the relevant information about the care you receive, and so give you the best possible care.</p>	<p>I want to: Opt out of CIDR. <input type="checkbox"/></p>
<p><b>Summary Care Record</b> National Initiative</p> 	<p>If you have a Summary Care Record your health care providers can view your</p> <ul style="list-style-type: none"> <li>• medication (last 12m)</li> <li>• bad reactions to medicines</li> <li>• allergies</li> </ul> <p>when you're admitted to hospital, when treating you in an emergency, or when your practice is closed.</p>	<p>I want to have a Summary Care Record. <input type="checkbox"/></p> <p>I do <b>not</b> want to have a Summary Care Record. <input type="checkbox"/></p>
<p><b>Care.data</b> National Initiative</p> 	<p>Care.data aims to make increased use of information from medical records with the intention of improving healthcare via research.</p>	<p>I want my medical record to be part of Care.data. <input type="checkbox"/></p> <p>There are <b>2 levels of opt out</b>, you can opt out of both:</p> <p>I do not want my personal and confidential data to leave the Health and Social Care Information Centre <input type="checkbox"/></p> <p>I do not want my personal confidential data to leave the GP Practice <input type="checkbox"/></p>