**Lime Tree & Sinnott Healthcare New Patient Registration Form - Child**

**Personal Information**

|  |  |
| --- | --- |
| Title: | Mr [ ] Miss [ ]  |
| First Name(s): |  |
| Surname: |  |
| Date of Birth: |  |
| Full Address:Full Postcode: |  |
| Contact Numbers: | **Home** | **Mobile** | **Work** |
| Email Address: |  |
| Main Spoken Language: |  |

Do you consent to be contacted by email? Yes [ ] No [ ]

Do you consent to be contacted by text? Yes [ ] No [ ]

**Religion** (please circle):

 Buddhist Christian Hindu Jewish Muslim Sikh None

Any other please state …………………………………………………………

**What is your Country of origin**:...............................................................................

**Which ethnic group do you feel you belong to?** (please circle)

White: A British

 B Irish

 C Other white (please specify)………………

Mixed: D White & Black Caribbean

 E White & Black African

 F White & Asian

 G Other Mixed (please specify)……………….

Asian/British Asian: H Indian

 I Pakistani

 J Bangladeshi

 K Other Asian (please specify)………………..

Black or Black British: L Caribbean

 M African

 N Other Black (please specify)………………...

Other ethnic categories: O Chinese

 P Any Other

 Q Not Stated

**NEXT OF KIN IN THE UK** ………………………………….......................................... **M [ ] F [ ]**

**CONTACT NUMBER**:…………………...……….....................................................

**RELATIONSHIP (WIFE, HUSBAND, PARTNER, CHILD, MOTHER, FATHER, FOSTER PARENT, GRANDPARENT, FRIEND, NEIGHBOUR, OTHER)………………………………………**

**REGISTERED HERE? YES [ ] NO [ ]**

**ARE YOU A CARER YES NO PLEASE CIRCLE**

**HELP IS AVAILABLE FROM WALTHAM FOREST CARERS ASSOCIATION PLEASE ASK AT RECEPTION**

**PREVIOUS GP’S NAME & ADDRESS**

...............................................................................................................................

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***Please attach a copy of all childhood vaccinations (baby red book)***

***CURRENT MEDICATION***

***PLEASE BRING YOUR COMPUTER PRINT OUT OF REPEAT PRESCRIPTION FROM PREVIOUS GP***

***IF YOU WOULD LIKE YOUR PRESCRIPTION SENT ELECTRONICALLY, PLEASE GIVE US THE NAME AND LOCATION OF YOUR PREFERRED PHARMACY.***

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**ANY KNOWN ALLERGIES** (Please list any allergies you have to drugs, medicines or other substances and what happens e.g. rash/swelling.)

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**FAMILY HISTORY HAVE ANY OF YOUR RELATIVES SUFFERED FROM THE FOLLOWING PLEASE √ YES OR NO**

**(*PLEASE STATE RELATIONSHIP)***

 **RELATION YES NO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Heart Disease under age 60** |  |  |  |
| **Heart Disease over the age of 60** |  |  |  |
| **Stroke** |  |  |  |
| **Hypertension** |  |  |  |
| **Diabetes** |  |  |  |
| **Cancer** |  |  |  |
| **Epilepsy** |  |  |  |
| **Asthma** |  |  |  |
| **Breast Cancer** |  |  |  |
| **Ovarian Cancer** |  |  |  |
| **Sickle Cell** |  |  |  |
| **Glaucoma** |  |  |  |
| **Mental Health problems** |  |  |  |
| **OTHER** |  |  |  |

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**LIME TREE & Sinnott Healthcare**

 **12B Sinnott Road**

 **Walthamstow**

 **E17 5QB**

**Tel: 020 8709 3140 Fax: 020 8703 3146**

**CONSENT TO OBTAIN MEDICAL RECORDS**

**Please complete this form if you have had a previous doctor in the U.K.**

Full Name:………………………………………………………………….

DOB:…………………………………………………………………………

Current Address: …………………………………………………………..

………………………………………………………………………………..

Previous Address:………………………………………………………….

……………………………………………………………………………….

Previous U.K. GP Name:………………………………………………….

Address: …………………………………………………………………….

Phone: ………………………………………………………………………

Fax:…………………………………………………………………………...

I, the undersigned, hereby give my permission and request you to release full details and copies of my General Practitioners Records, both past and present and any other medical records as may be required to The Lime Tree Surgery.

I can confirm that this information is not required in respect of a claim for medical negligence.

**I AM THE PATIENT/PARENT/LEGAL GUARDIAN OF THE ABOVE** (please delete as appropriate).

SIGNATURE DATE

**SURGERY USE ONLY**

|  |  |  |
| --- | --- | --- |
|  | Initials | Date |
| Medical Card (If Applicable) |  |  |
| GSM1 Form (If Applicable) |  |  |
| Proof of address? |  |  |
| Photo ID? |  |  |
| Red Book (If Applicable)  |  |  |

**PLEASE REPRINT NAME, ADDRESS, DOB, TELEPHONE NUMBERS ETC IF UNCLEAR.**

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**Summary Care Record**

1. **Do you wish to have a SCR created. (Please circle) Yes / No / Need more Time**

**Introduction to Summary Care Records**

The NHS in England is now using an electronic record called the Summary Care Record (SCR), which is being used to support patient care.

All the settings where you receive health care keep their own medical records about you. These places can often only share information from your records by letter, fax or phone. At times, this can delay information sharing and this can impact decision making and slow down treatment.

The Summary Care Record is a copy of key information held in your GP record. It provides authorised healthcare staff with faster, secure access to essential information about you - when you need unplanned care or when your GP practice is closed. The availability of Summary Care Records will improve the safety and quality of your care.

**Where can I get more information?**

For more information about Summary Care Records you can

1. visit www.nhscarerecords.nhs.uk
2. phone the Health and Social Care Information Centre on 0300 303 5678

The NHS Care Record Guarantee is available online at

**http://systems.hscic.gov.uk/scr/usefuldocuments**

If you wish to Opt Out the Form is available on line at

**http://systems.hscic.gov.uk/scr/usefuldocuments**

**OUR STAFF WILL NOT BE ABLE TO ANSWER QUESTIONS RELATED TO THE** **SUMMARY CARE RECORD**.

**CARE.DATA**

**Sharing your data be informed**

Where can I get more information?

Leaflets in other languages and formats are available from our website.

For more information, including a list of frequently asked questions (FAQs), please go to the website at www.nhs.uk/caredata.

You can also get further information from the website at www.hscic.gov.uk.

**Thank you for taking the time to fill in this registration form.**