The Mandeville Practice
New Patient Registration Form (Child Under 16)
Instructions for completing this form

1. Complete a separate form for each family member to be registered
2. Complete in BLOCK CAPITALS and tick the boxes as appropriate

Personal Details	
Full Name:	**Telephone Number:**
Do You Have A Carer YES / NO - If yes, please give carer's details	
Title : Master ☐ Miss ☐ **Other.** *Please state* **:**	**Mobile tel. number:** We will use this to send appointment reminders and health promotion details. Please tick here if you do not wish to receive messages from us: ☐
NHS number if known:	
Address: **Postcode:**	**E-mail address:** **Next of Kin:**
How would like us to contact you about your child: **Letter** ☐ **Email** ☐ **SMS (text)** ☐ **Phone** ☐	**Next of Kin Relationship to child:** **Next of Kin contact tel. number:**
Date of Birth: / **Gender:** Male ☐ Female ☐	**Mothers name if different:**
Sexuality: In the interest of your health care the answers to the following questions could be of benefit. The questions are however optional. These are the basic types of sexual orientations: Which one would be applicable to you? ☐**Heterosexual** ☐**Bisexual** ☐ **Lesbian** ☐ **Gay**	
Town* and Country of birth **Country:** **Borough (*If born in London):** **(*If town is London please state which Borough)** **Town:**	

Please list other residents of your home who are registered with us:	Name:	Date of Birth:

Looking after a family member	
Is your child looking after someone? Let us know if your child is looking after someone who is ill, frail, disabled or has mental health and/or emotional support needs, or substance misuse problems	Yes ☐ No ☐
Is someone looking after your child? Let us know if a family member, friend or neighbour looks after your child.	Yes ☐ No ☐
Carer's name:	

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Address of carer :
Telephone number of carer**:**

Public Health Statistics

Your Child's Religion (Please tick)	C of E ☐	Catholic ☐	Other Christian (state): ☐	Buddhist ☐	Hindu ☐	Muslim ☐
	Sikh ☐	Jewish ☐	Jehovah's Witness ☐	No religion ☐	Other religion (state) ☐	
Your Child's Ethnic Origin (Please tick one)	White (UK) ☐		White (Irish) ☐	White (Other) ☐		
Black Caribbean / British ☐	Indian / British Indian ☐		Arabic ☐	Other Mixed Background ☐		
Black African / British ☐	Pakistani / British Pakistani ☐		Chinese ☐	Other Asian Background ☐		
Other Black Background ☐	Bangladeshi / British Bangladeshi ☐		Other ☐	Ethnic Category Refused ☐		
What is your child's main spoken language? **Does your child speak English?** Yes ☐ No ☐			**Does your child need an Interpreter?** Yes ☐ No ☐			
Does your child need help with mobility/hearing/speaking? (tick all that apply)						
Wheelchair ☐	Walking aid ☐		Hearing aid ☐	British sign language (BSL) ☐	Makaton sign language ☐	
Lip reading: ☐	Large print: ☐		Braille ☐	Other. ***Please state***: ☐		
Is your child currently?	Homeless ☐		A Refugee ☐	An Asylum Seeker ☐		
Is your child housebound?	Yes ☐ No ☐		Comments:			

Please state all countries your child has lived in or visited for periods of greater than 6 months:	
Country:	**Dates/Year (If known):**

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Medical background

Are there any serious diseases that affect your child's **parents, brothers or sisters**?
Tick all that apply ***and*** state **family member**:

Diabetes ☐ Who:	**Asthma** ☐ Who:	**Thyroid disorder** ☐ Who:	**Stroke** ☐ Who:	**COPD** ☐ Who:
Heart Attack under age of 60 ☐ Who:	**Cancer (Specify type)** ☐ Who:	**High Blood pressure** ☐ Who:	**Any other important family illness. *Please state*:** Who:	

Please state any allergies and sensitivities that your child has to medicines, food & dressings:		
Please state any mental disabilities your child has:		
Does your child have any problems taking medicines?	Yes ☐ No ☐	***If yes*** please give details, e.g. swallowing

What chronic medical conditions has your child had?	Date of Diagnosis:
What operations has your child had?	Date of operation/s:
What injuries has your child had?	Date of injury/s
Please list any tablets, medicines or other treatments your child is currently taking / undertaking:	

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	Which vaccinations have your child had?				
Age	**Immunisation**	**Date (DD/MM/YY)**	**GP Surgery**	**Private**	**Abroad**
2 months	1st Diphtheria, Tetanus, Pertussis		☐	☐	☐
	1st Polio		☐	☐	☐
	1st HIB		☐	☐	☐
	1st Pneumococcal Vaccine		☐	☐	☐
	1st Rotavirus		☐	☐	☐
	1st Meningitis B		☐	☐	☐
3 months	2nd Diphtheria, Tetanus, Pertussis		☐	☐	☐
	2nd Polio		☐	☐	☐
	2nd HIB		☐	☐	☐
	1st Meningitis C		☐	☐	☐
	2nd Rotavirus		☐	☐	☐
4 months	3rd Diphtheria, Tetanus, Pertussis		☐	☐	☐
	3rd Polio		☐	☐	☐
	3rd HIB		☐	☐	☐
	2nd Pneumococcal Vaccine		☐	☐	☐
	2nd Meningitis B		☐	☐	☐
12 months	Hib/Men C Booster		☐	☐	☐
	3rd Meningitis B		☐	☐	☐
13 months	MMR (Measles, Mumps, Rubella)		☐	☐	☐
	3rd Pneumococcal Vaccine		☐	☐	☐
3½ to 5 Years	MMR Booster (Measles, Mumps, Rubella)		☐	☐	☐
	Pre-School Booster Diphtheria, Tetanus, Pertussis & Polio		☐	☐	☐
13-18 Years	Booster Diphtheria, Tetanus & Polio		☐	☐	☐
	1st Meningitis A		☐	☐	☐
	Meningitis C		☐	☐	☐
	1st Meningitis W		☐	☐	☐
	1st Meningitis Y		☐	☐	☐

For You Information

- You will have a Summary Care Record (emergency care summary) unless you let us know you wish to opt out.
- We will send text reminders to your mobile phone unless you share a mobile number or ask us not to.
- We will not give out test results or other information to someone on your behalf without your explicit written consent.
- The practice contributes anonymised data to national health research programmes. Please let us know if you wish to opt out of this programme.
- Unless you object, your health information will be used to plan and improve services for all patients nationally via the care. Data extraction service commissioned by NHS England. This information is linked to your postcode and NHS number but not your name.

Please speak to the Practice Manager if you would like more details of any of the above

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Sharing your child's medical record
Medical Record Sharing allows your child's complete GP medical record to be made available to authorised healthcare professionals involved in your care. You will always be asked your permission before anybody looks at your child's shared medical record. **If you don't want to share your child's GP record tick here:** ☐
Summary Care Records contains details of your child's key health information – medications, allergies and adverse reactions. They are accessible to authorised healthcare staff in A&E Departments throughout England. You will always be asked your permission before anybody looks at your child's Summary Care Record. **If you don't want your child to have a Summary Care Record tick here:** ☐
The Care.data Programme Collates information about your child and the care they receive. It links information from all the different places where your child receives care, such as their GP, hospital and community services, to help them provide a full picture of your child's medical needs and the care they are receiving. This data is made available to NHS Commissioners so that they can design integrated services and is shared with third parties for research purposes. **I wish to OPT OUT from my child's Personal Confidential Data being shared outside their *GP practice*:** ☐ **I wish to OPT OUT from my child's Personal Confidential Data being shared with *third parties*:** ☐

Required Information	
Name of parent/s:	1. 2.
Name of person with legal parental responsibility:	
Name of school attended:	

Parent / Guardian permission given	
Permission given for someone other than a Parent/Guardian to accompany your child to an appointment?	
Name of person/s: Relationship:	Parent / Guardian Signature:

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Registration Check List:
Please Circle where appropriate when you have checked all the forms in the pack. Always ask if patient has a NHS number or NHS card or has previously been registered in the UK. For babies please ask for copies of immunisation card/Red book and if possible a copy of the birth certificate.
Proof of Name (ID).You must provide one of the following: • Current passport(with valid Visa non-EU passports) • Residence permits issued by the Home office to EU Nationals on sight of own country • Current UK photo card driving license(full UK only) • Birth Certificate • Adoption Certificates • Marriage/Civil Partnership Certificates • Police photographic ID card
Proof of Address. You must provide one of the following: • Recent (within the past three months) original utility bill e.g. 'Electricity/Gas/Water/Telephone. • Local authority council tax bill • Bank or building society statement(Within the past three months • parents documentation from "Proof of address "list (for 16-17 year olds only) This must be provided with a birth certificate or adoption certificate bearing the parents name which can be used as proof of name • Current book or card or original notification letter from the Department for Work & Pensions • Court order within the past 12 months
For Official Use Only Administrator dealing with forms:_____ Seen ID Passport:_____ Seen Proof Of Address:_____ Seen Immunisation Records_____ Fully Completed Registration/Forms_____ Patient Name:_____ D.O.B_____

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What we will do for you

- We are committed to providing the best possible service
- Patients will be greeted courteously
- We make every effort to see you promptly
- We will treat all information confidentially
- We will always offer the treatment and advice we believe is best
- If you are too ill to attend the surgery a telephone consultation will be arranged and a home visit will be organised if appropriate
- We will try to deal with any problems or complaints promptly
- You have the right to see your medical records
- The practice will inform patients of services available by means of leaflets, notice boards, posters and the website
- The practice adheres to an equal opportunities policy

What you can do for us

- Please try to treat yourself for minor illnesses, such as coughs, colds, sore throats etc.
- Attend the chemist if you have a minor illness and speak with the pharmacist
- If your child has a minor illness take them to the chemist
- Please treat staff with courtesy and respect
- Please arrive promptly for your appointment
- If you cannot keep your appointment notify us as soon as possible so others can have your appointment
- If you arrive more than 11 minutes late we cannot guarantee you will be seen
- Most delays are due to emergencies, so please be patient
- Ask if you are not sure about your treatment
- Many illnesses can be prevented through healthy living, please ask for health advice and leaflets

Zero tolerance

The practice supports a zero tolerance policy, and anyone who is verbally or physically abusive to any member of staff, shall be removed from the practice list.

Signature

Parent/Guardian signature:	Date:

Thank you for completing this form

For more information about the services we offer, please refer to our practice leaflet

Or see our website