|  |  |  |
| --- | --- | --- |
| Trinity Logo | Trinity Surgery | Form checked by |
|  | 29 St Augustines Road |
|  | Wisbech, Cambs, PE13 3UZ |  |
|  | Tel: 01945 476999  www.trinity-surgery.co.uk |

**New Patient Registration Questionnaire for NEW BORN BABIES**

When you returning your child’s new patient registration forms please make sure you bring with you:

* A completed GMS1 form
* Your babies NHS number, this is usually written in the front of the red book.
* A copy of the hospital discharge if available.
* There is no need to wait until you have registered your baby

PLEASE NOTE FOR A NEWBORN BABY WE DO NOT REQUIRE A BIRTH CERTIFICATE

PLEASE MAKE SURE THAT YOU HAVE FULLY COMPLETED THIS QUESTIONNAIRE BEFORE RETURNING IT TO THE RECEPTIONIST. THERE WILL BE A DELAY IN YOUR CHILDS REGISTRATION WITHOUT ALL THE REQURIED INFORMATION AND DOCUMENTAION.

|  |  |  |  |
| --- | --- | --- | --- |
| Title\* | | Date of birth:\* DD/MM/YYYY | |
| First name\* | | Surname \* | |
| Gender | Male \* | Female \* | Other –*please specify* |
| Mothers name \* | | | Parental responsibility |
| Main language spoken of parent if an interpreter required | | |  |
| Fathers name \* | | | Parental responsibility \* |
| Foster carer / guardian name/s | | | |
| Brothers or sisters name/s | | | |
| Address: \* | | | |
| Post code:\* | | | |
| Mobile telephone number: \*  Home telephone number: | | | |
| Email Address: | | | |
| **We will use your mobile number to send appointment reminders & information texts. Please tick here if you give your consent for this. \*** | | | |

**Nominated pharmacy**

All prescriptions will be sent electronically to your nominated pharmacy. Please indicate your preference.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Well pharmacy | Boots Horsefair | Boots Walsoken | Boots Dehavilland Road | Tesco | Asda | Fairbrothers | Other |
|  |  |  |  |  |  |  |  |

*For office use only*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Red book or new born hospital discharge | NHS number on form | Sharing | Regular medication. If yes do not accept without repeat prescription | | Childs details completed | Nominated pharmacy | Form taken in by  Staff initials | Date |
|  |  |  | **Y ** | **N ** |  |  |  |  |

**Childs health information**

|  |  |
| --- | --- |
| **Has your child had any serious illnesses or operations?** | **YES**  **NO**  \*  (please tick) |
| If Yes, what was this and when? : | |
| Does your child have a disability or chronic condition? | **YES**  **NO**  \*  (please tick) |
| If yes please give more information. | |
| **Is your child on any regular medication?** | YES  NO  \*(please tick) |
| **Is your child allergic to any medication?** | YES  NO  \*(please tick) |

**Mothers health information**

|  |
| --- |
| As part of the post-natal check we require an up to date blood pressure reading and weight for the baby’s mother. When returning this form please ask at reception a machine to record your blood pressure if you do not have one available at home. |
| **BP reading --** |
| **Height Weight** |

**Ease of access due to disability/impairment/sensory loss**

Please tick if your child has any of the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Sight impairment | Hearing impairment | Disability | Other\* |

Please select your preferred method of contact:

|  |  |  |  |
| --- | --- | --- | --- |
| Letter | E-mail | Telephone Call | SMS Message |
| Other\* - Please state: | | | |

All of this information will remain completely confidential and will not be used for any other purpose

|  |  |
| --- | --- |
| **Please indicate the Ethnic group to which you feel your child you belongs:\***  **White**   * British * Irish * Any white background   **Mixed**   * White and Black Caribbean * White and Black African * White and Asian * Any other mixed background   **Asian or Asian British**   * Indian * Pakistani * Bangladeshi | * Chinese * Any other Asian background   **Black or Black British**   * Caribbean * African * Any other black background   **Other Ethnic Groups**   * Arab * Any other ethnic group |

**Sharing of information and your health record**

Information about your child’s health and care help the NHS to improve your child’s individual care, speed up diagnosis, and plan your local services and research new treatments.

\***Share out**- Will you consent to share your medical record with any other health care provider involved in your child’s care Yes  No

\***Share in-** Will you consent to Trinity Surgery viewing information in your child’s medical record recorded by other health care services? Yes  No

Summary Care Record – your emergency care summary

The NHS in England introduced the Summary Care Record to be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you to have enough information to treat you safely.

Your child’s Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if your child has an accident or becomes ill, healthcare staff treating you will have immediate access to important information about your child’s health.

As a patient you have a choice:

\***Yes I would like a Summary Care Record** – You do not need to do anything and a summary care record will be created for you.

**\*No I do not want a Summary Care Record** – Please ask reception for a Summary Care Opt Out form, complete it and return to the surgery.