THE NEAMAN PRACTICE
New Patient Registration Form (Children: 16 and Under)
Complete in BLOCK CAPITALS and use a separate form for each child to be registered

1	**Your Child's First Name:**	**Your Child's Surname:**
	Your Child's Date of Birth:	**Your Child's Gender:**
	Contact Telephone Number: **Contact Mobile tel. number:** **Contact E-mail address:** **Alternative Telephone Number:** How would you prefer us to contact you (Tick all applicable) : Letter ☐ Email ☐ SMS (text) ☐ Phone ☐	

2	**PARENT / GUARDIAN INFORMATION**	
	Name of parent/s:	1. 2.
	Name of all person/s with legal parental responsibility:	
	Name of school attended:	
	Have you given permission for someone other than a Parent/Guardian to accompany your child to an appointment? Yes ☐ No ☐ (If YES please provide NAME and RELATIONSHIP below)	

3	**CARERS**	
	Is your child Housebound?	Yes ☐ No ☐
	Is your child looking after someone? (Person/s may be ill, frail, disabled or has mental health and/or emotional support needs, or substance misuse problems.)	Yes ☐ No ☐
	Is someone looking after your child? (E.g. Health and Social Care Worker) If yes, you are welcome to invite them to visits at the practice.	Yes ☐ No ☐
	Carer's Name / Address and Contact Number: Is your carer registered with us? Yes ☐ No ☐	

4	**YOUR CHILD'S MEDICAL BACKGROUND:**			
	Please state any allergies and sensitivities your child has to medicines, food & dressings:			
	Please state any mental disabilities your child has:			
	Does your child have problems administering medicines? Yes ☐ No ☐ ***If no*** please give details, e.g. swallowing or opening containers:			
	What chronic medical conditions does your child have?			Date of Diagnosis:
	What operations or serious injuries has your child had? (Please give details below)			Dates:
	Please list any tablets, medicines or other treatments you child is currently taking / undertaking:			
	OVER 14s ONLY			
	Smoking Status:	NON-SMOKER ☐	CURRENT SMOKER ☐	EX-SMOKER ☐ Year you quit:
	I DO NOT WISH TO QUIT SMOKING please tick here: ☐ **(**You will be contacted by our Smoking Cessation Advisor)			

6	**OTHER INFORMATION**							
	Your Child's Current Height: (Metres or Feet)				**Your Child's Current Weight:** (KG or Stones)			
	Does your child need help with mobility/hearing/speaking? (tick all that apply)							
	Wheelchair ☐	Walking Aid ☐	Hearing aid ☐	Lip reading ☐	Large print ☐	Braille ☐	British Sign Language ☐	Makaton Sign Language ☐
	Other (please state) ☐				**Is your child an 'Assistance Dog' User?** Yes ☐ No ☐			

8	**SHARING YOUR CHILD'S MEDICAL RECORD**
	Local Record Sharing allows your complete GP medical record to be made available to authorised local healthcare professionals involved in your care. You will always be asked your permission before anybody looks at your shared local medical record. **If you don't want to share your child's GP record locally tick here:** ☐
	Summary Care Record contains details of your 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 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 you and the care you receive. It links information from all the different places where you receive care, such as your GP, hospital and community services, to help them provide a full picture of your medical needs and the care you 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:** ☐

9	**YOUR CHILD'S ETHNICITY**							
	Black British ☐	Indian ☐	White British ☐	Arabic ☐				
	Black African ☐	Pakistani ☐	White Irish ☐	Chinese ☐				
	Black Caribbean ☐	Bangladeshi ☐	White Other ☐	Ethnic Category Refused ☐				
	Other Black Background ☐	Other Asian Background ☐	Other White Background ☐	Other Mixed Background ☐				
	Does your child require an Interpreter? Yes ☐ No ☐		If **YES**, What Language					
	Please state your child's RELIGION							
	C of E ☐	Catholic ☐	Christian ☐	Buddhist ☐	Hindu ☐	Muslim ☐	Sikh ☐	Jewish ☐
	Atheist ☐	Other religion (please state) ☐						

10	**PARENT / GUARDIAN SIGNATURE**	
		Date:

Thank you for completing this form.