**THE LIMES MEDICAL CENTRE**

**REGISTRATION OF CHILD/YOUNG PERSON (0-18)**

Please print all sections clearly in black ink

Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex M/F

Date of Birth\_\_\_\_/\_\_\_\_/\_\_\_\_ Age\_\_\_\_\_ NHS Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Top of Form

 Please tick box if appropriate Moved in from Abroad 

Phone Number Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current or New School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnic Group\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous GP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main carer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship of main carer to child/young person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person completing this form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Thank you. This information will be shared with The Primary Health Care Team
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE FAX THIS FORM TO THE CHILD HEALTH DEPARTMENT

FAX: 01279 698810

For CHILD HEALTH USE ONLY Information Received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Records requested from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**THE LIMES MEDICAL CENTRE**

**TO BE COMPLETED FOR ALL NEWLY REGISTERED UNDER 5 YEAR OLDS**

Please help us to update your child’s immunisation history by completing these details. If you do not know the exact dates, please specify approximate month and year.

N.B. We will assume that the immunisations were carried out at your previous surgery, unless you state otherwise below.

Thank you

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Diphtheria\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Diphtheria\_\_\_\_\_\_\_\_\_\_\_ 3rd Diphtheria\_\_\_\_\_\_\_\_\_\_\_\_

1st Tetanus\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Tetanus\_\_\_\_\_\_\_\_\_\_\_\_\_ 3rd Tetanus\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Pertussis\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Pertussis\_\_\_\_\_\_\_\_\_\_\_\_ 3rd Pertussis\_\_\_\_\_\_\_\_\_\_\_\_

1st Polio\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Polio\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3rd Polio\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Hib\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Hib\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3rd Hib\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Pneumococcal\_\_\_\_\_\_\_\_\_\_ 2nd Pneumococcal\_\_\_\_\_\_\_\_ 3rd Pneumococcal\_\_\_\_\_\_\_\_

Hib and Men C at 1 year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MMR at 13 months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PSB at 3 year 4 month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your emergency care summary**

Dear Patient

**Summary Care Record – your emergency care summary**

The NHS in England is introducing the Summary Care Record, which will 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 have enough information to treat you safely. Also, if you specifically choose to do so, your Summary Care Record can hold other information you have agreed with your GP Practice to have included.

Your 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 you have an accident or become ill, the doctors treating you will have immediate access to important information about your health.

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

**• YES I would like a Summary Care Record containing details of any medications, allergies and any bad reactions to medications I have had**

**• YES I would like a Summary Care Record containing details of my medications, allergies and any bad reactions to medications I have had AND any other information that I have agreed with my GP Practice to have included to my Summary Care Records**

**• NO I do not want a Summary Care Record**

If you know that a Summary Care Record was created for you by your previous GP Practice, we would still be grateful if you could complete this form to confirm your current choice.

For more information talk to our Patient Advice and Liaison Service (PALS) (0800 587 4132), GP practice staff or visit the website [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk)

Additional copies of the opt out form can be collected from the GP practice or printed from the website [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk)

**You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.**

Children under 16 will automatically have a Summary Care Record containing details of medications, allergies and bad reactions created for them unless their parent or guardian chooses either to notify us that they would like their child to have an enriched Summary Care Record (with other information agreed with the GP Practice to be included) or to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

Please return this form to the practice as soon as possible

Yours sincerely

Practice Manager



**Your emergency care summary**

**My Summary Care Record Choice**

1. Please complete in BLOCK CAPITALS

Title……………………………………………………… Surname/Family Name………….…….…………………………………..

Forename(s)………………………………………………………………………………………….….…………………………………….

Address……………………………………………………………………………………………………..……………………………………

Postcode……………………………………….Phone No…………………………………… Date of Birth……………….…….

NHS Number (if known)…………………………………………………………………………………………………………….……

1. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name………………………………………………. Your signature…………………………………………………………….

Relationship to patient……………………………………………………….. Date………………………………………………..

|  |  |
| --- | --- |
| **Summary Care Record Options** | **Please****TICK** |
| YES I would like a Summary Care Record containing details of my medications, allergies and any bad reactions to medications I have had |  |
| YES I would like a Summary Care Record containing details of my medications, allergies and any bad reactions to medications I have had AND any other information that I have agreed with my GP Practice to have included in my Summary Care Records*Please indicate what information you would like adding if you know* |  |
| NO I do not want a Summary Care Record |  |

**If you do not return this form, a Summary Care Record will be created for you based on implied consent.
What does it mean in if I DO NOT have a Summary Care Record?**

|  |  |  |
| --- | --- | --- |
| NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency. | Your records will stay as they are now, with information being shared by letter, email, fax or phone. | If you have any questions, or if you want to discuss your choices, please:•contact your local Patient Advise Liaison Services (PALS); or •contact your GP practice.  |