

NEW PATIENT REGISTRATION FOR CHILD UP TO 6 YEARS

Name: Address: Postcode: Telephone: Home - Work - Mobile - Male/Female:	Date of Birth: Ethnicity (please see attached form to help): Do you require an interpreter, if YES in which language? Occupation Height Weight
Last Doctors Name: Surgery: Address:	Next of Kin Address Telephone

Have you been registered with this surgery previously Yes/No

CHILDHOOD IMMUNISATIONS

	YES	NO
Do you think that your child's vaccinations are up to date	<input type="checkbox"/>	<input type="checkbox"/>

If NO, which ones do you think maybe missing?

MEDICAL PROBLEMS -Please list any medical problems or operations that your child has had

Date	Medical problem/Operation

IS YOUR CHILD TAKING ANY MEDICATION? IF YES PLEASE LIST BELOW – If you have a repeat prescription slip from your previous medical practice please attach it to this form

Name of drug	How many times each day is the drug taken?	Dose of drug

ALLERGIES

	YES	NO
Does your child have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
If YES please list below		

Signature of parent/guardian	Date
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Thank you for completing this form. Please hand it back to the reception desk

Administration section only: 1) Receptionist to tick here if telephone consultation (TC) made for rpt prescriptions or face to face consultation (F/F) made - _____(T/C)_____(F/F)
 2) Data processor to tick and sign the form and date here - _____ (SPICE)_____(ETHNICITY) _____ (CARER)
 _____ (Signature) _____ (date)

ETHNICITY FORM – READ Coding template



If you have already completed this form, please **do not** complete it again.

NAME: _____

DATE OF BIRTH: _____

What is your **ethnic group**? (Choose **ONE** section from A to F then tick **ONE** box which best describes your ethnic group)

READ codes

A. WHITE

- | | |
|---|-------------|
| <input type="checkbox"/> Scottish | 9S13 |
| <input type="checkbox"/> Other British | 9S10 |
| <input type="checkbox"/> Irish | 9S11 |
| <input type="checkbox"/> Gypsy / Traveller | 9T2 |
| <input type="checkbox"/> Polish | 9i2F |
| <input type="checkbox"/> Other white ethnic group | 9S12 |

B. MIXED OR MULTIPLE ETHNIC GROUPS

- | | |
|--|------------|
| <input type="checkbox"/> Any mixed or multiple ethnic groups | 9SB |
|--|------------|

C. ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH

- | | |
|---|------------|
| <input type="checkbox"/> Pakistani, Pakistani Scottish or Pakistani British | 9S7 |
| <input type="checkbox"/> Indian, Indian Scottish or Indian British | 9S6 |
| <input type="checkbox"/> Bangladeshi, Bangladeshi Scottish or Bangladeshi British | 9S8 |
| <input type="checkbox"/> Chinese, Chinese Scottish or Chinese British | 9S9 |
| <input type="checkbox"/> Other Asian, Asian Scottish or Asian British | 9SH |

D. AFRICAN

- | | |
|---|-------------|
| <input type="checkbox"/> African, African Scottish or African British | 9S3 |
| <input type="checkbox"/> Other African | 9SA5 |

E. CARIBBEAN OR BLACK

- | | |
|---|-------------|
| <input type="checkbox"/> Caribbean, Caribbean Scottish or Caribbean British | 9S2 |
| <input type="checkbox"/> Black, Black Scottish or Black British | 9S41 |
| <input type="checkbox"/> Other Caribbean or Black | 9SG |

F. OTHER ETHNIC GROUP

- | | |
|--|-------------|
| <input type="checkbox"/> Arab, Arab Scottish or Arab British | 9iF9 |
| <input type="checkbox"/> Other ethnic group | 9SJ |

- | | |
|---|------------|
| <input type="checkbox"/> IF YOU WOULD PREFER NOT TO ANSWER PLEASE TICK HERE | 9SD |
| <input type="checkbox"/> IF YOU DO NOT KNOW YOUR ETHNICITY PLEASE TICK HERE | 9SE |

DURHAM ROAD MEDICAL GROUP

HV REGISTRATION INFORMATION

Family Name

Mum's Name

Dad's Name DOB _____

Child's Name DOB _____

Address
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.....
.....

Prev Address
.....
.....
.....

GP Address
.....
.....
.....

TEXT MESSAGING AT DURHAM ROAD MEDICAL GROUP

Here at Durham Road Medical Group we are introducing a new text messaging system. This is where you can receive a text message reminding you of upcoming appointments, inviting you in for healthcare reviews (COPD, asthma, diabetes etc.) It can also let you cancel appointments or accept these invitations without having to come in or contact us.

If you are happy and would like to receive text messages from Durham Road then please tick the '**ACCEPT**' box, fill out your personal details and sign at the bottom of the page.

If you would not like to receive text messages from Durham Road then please tick the '**DECLINE**' box, fill out your personal details and sign at the bottom of the page.

Please note; we will only send information that is relevant to the individual and will not send spam. We will also not send any sensitive information such as test results via text message.

I have read and understood how my data will be used by Durham Road Medical Group and **ACCEPT AND CONSENT** to receiving text messages from the practice.

I have read and understood how my data will be used by Durham Road Medical Group and **DECLINE AND DO NOT CONSENT** to receiving text messages from the practice.

Name _____

Date of Birth _____

Mobile Number _____

Signature _____ Date _____